

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2009  
Secretary of State**

DOCUMENT# N98000000049

Entity Name: SHANGRI-LA AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

8500-8598  
JADE, CHERRY BLOSSOM, & LYCHEE DR.  
TAMARAC, FL 33321 US

**Current Mailing Address:**

**New Mailing Address:**

C/O TMG MANAGEMENT  
P.O. BOX 802  
POMPANO BEACH, FL 33061 US

FEI Number: 65-1024481      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DAVID BAUMAN, ESQ.  
4050 W BROWARD BLVD.  
PLANTATION, FL 33317 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: STOREY, MIKE  
Address: 8513 CHERRY BLOSSOM LANE  
City-St-Zip: TAMARAC, FL 33321 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Delete  
Name: WARSHAW, NINA  
Address: 8598 LYCHEE DRIVE  
City-St-Zip: TAMARAC, FL 33321 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Delete  
Name: HAYDEN, LISA  
Address: 8505 CHERRY BLOSSOM LANE  
City-St-Zip: TAMARAC, FL 33321 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Delete  
Name: HAYDEN, RAY  
Address: 8505 CHERRY BLOSSOM LANE  
City-St-Zip: TAMARAC, FL 33321 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: GRECO, IRENE  
Address: 8585 JADE DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MCGREGOR

MR

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date