

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000049

FILED  
Jan 07, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

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:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TERRY MCGREGOR

MR

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date