

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761440

Entity Name: SHANGRA-LA PROPERTIES ASSOCIATION, INC.**Current Principal Place of Business:**SHANGRA-LA PROPERTIES ASSOCIATION, INC.
P.O. BOX 14
BAGDAD, FL 32530**Current Mailing Address:**SHANGRA-LA PROPERTIES ASSOCIATION, INC.
P.O. BOX 14
BAGDAD, FL 32530 US**FEI Number:** 59-3169359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENSON, DEBRA
SHANGRA-LA PROPERTIES ASSOCIATION, INC.
P.O. BOX 14
BAGDAD, FL 32530 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:** DEBRA BENSON

03/15/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DOE, ED
Address 11242 SOUTH LAKEVIEW DRIVE
City-State-Zip: MILTON FL 32583

Title VP
Name KINCAID, JEFFERY
Address 11207 NORTH LAKEVIEW DRIVE
City-State-Zip: MILTON FL 32583

Title SECRETARY, TREASURER
Name BENSON, DEBRA
Address 11189 NORTH LAKEVIEW DRIVE
City-State-Zip: MILTON FL 32583

Title TRUSTEE
Name MURDOCK, AUDREY
Address 11210 SOUTH LAKEVEIW DRIVE
City-State-Zip: MILTON FL 32583

Title TRUSTEE
Name GORMAN, MARIE
Address 11159 NORTH LAKEVIEW DRIVE
City-State-Zip: MILTON FL 32583

Title TRUSTEE
Name BENSON, MARC
Address 11189 NORTH LAKEVIEW DRIVE
City-State-Zip: MILTON FL 32583

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: DEBRA BENSON**SECRETARY/TREASURE**

03/15/2022

Electronic Signature of Signing Officer/Director Detail

Date