

**2017 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

03/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MURDOCK , WILLIAM NELSON  
Address        11210 SOUTH LAKEVIEW DRIVE  
City-State-Zip: MILTON FL 32583

Title            VP  
Name            KINKADE, 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            COFFIELD, CONNIE  
Address        3148 SWAN LANE  
City-State-Zip: PENSACOLA FL 32504-8326

Title            TRUSTEE  
Name            COOK, LOU  
Address        11268 SOUTH LAKEVIEW DRIVE  
City-State-Zip: MILTON FL 32583-6923

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**

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date