

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734559

FILED
May 19, 2008
Secretary of State

Entity Name: SHANGRI LA HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1001 SHANGRI LA
SEFFNER, FL 33584 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 991
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-2719821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAY, GLADYS
1001 SHANGRI LA DRIVE
SEFFNER, FL 33584 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: P () Delete
Name: MEYERS, CHARLES
Address: 507 GAY RD
City-St-Zip: SEFFNER, FL 33584

Title: VP () Delete
Name: THOMPSON, BILL
Address: 912 SHANGRI LA DR
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: FRIESE, ANETTE
Address: 607 PAWN WAY
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: CAMPBELL, SHERRY
Address: 704 QUEENS CT
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: DANET, DAWN
Address: 605 PAWN WAY
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: HECKER, JOSINE
Address: 614 ROOKS ROAD
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MEYERS, CHARLES

P

05/19/2008

Electronic Signature of Signing Officer or Director

_____ Date