

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734559

FILED  
Apr 30, 2009  
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:**

808 SHANGRI LA  
SEFFNER, FL 33584 US

**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 ( )

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

RAY, GLADYS  
1001 SHANGRI LA DRIVE  
SEFFNER, FL 33584 US

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

STUMP, PENNY  
808 SHANGRI LA DRIVE  
SEFFNER, FL 33584 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: PENNY STUMP      04/30/2009  
\_\_\_\_\_  
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: D (X) Change ( ) Addition  
Name: CAMPBELL, SHERRY  
Address: 704 QUEENS CT  
City-St-Zip: SEFFNER, FL 33584

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: CHARLES MEYERS      P      04/30/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date