FILE NOW: FILING FEE IS $61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761440** **(7)**

1. Corporation Name

SHANGRA-LA PROPERTIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% BETTY DEL GALLO~~ Martha G. Davis ~~1608 E. CROSS ST.~~ 11219 N. Lakeview ~~PENSACOLA FL 32503~~ MILTON, FL 32583	Martha G. Davis ~~% BETTY DEL GALLO~~ 11219 N. Lakeview Dr. ~~1608 E. CROSS ST.~~ MILTON, FL 32583 ~~PENSACOLA FL 32503-4826~~

3. Date Incorporated or Qualified: 01/13/1982
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business
21 Martha G. Davis
Suite, Apt. #, etc.
22 11219 N. Lakeview Dr.
City & State
23 MILTON, FL.
Zip 24 32583 Country 25 Santa Rosa

2a. Mailing Address
26 Martha G. Davis
Suite, Apt. #, etc.
27 11219 N. Lakeview Dr.
City & State
28 MILTON, FL.
Zip 29 32583 Country 30 Santa Rosa

4. FEI Number: 59-3169359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

T
DAVIS, MARTHA G.
11219 NORTH LAKEVIEW DR.
MILTON FL 32583

Note: The Post office changed all our street addresses - The officers remain unchanged.

10. Name and Address of New Registered Agent

81 Name: ~~T~~ Davis, Martha G
82 Street Address (P.O. Box Number is Not Acceptable): 11219 N. Lakeview Dr.
83
84 City: MILTON FL 85 Zip Code: 32583

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	VANDENABEELE, ROBERT		1.2 NAME		
STREET ADDRESS	RT 6 BOX 91		1.3 STREET ADDRESS	11375 Horizon Rd.	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	MILTON, FL 32583	
TITLE	V	☐ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	MORRIS, JOSEPH		2.2 NAME		
STREET ADDRESS	RT. 16, BOX 87-A		2.3 STREET ADDRESS	11229 N. Lakeview Dr.	
CITY-ST-ZIP	MILTON FL 32583		2.4 CITY-ST-ZIP	MILTON, FL 32583	
TITLE	S	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	LOVINS, JULIE		3.2 NAME		
STREET ADDRESS	RT. 16, BOX 90		3.3 STREET ADDRESS	11283 N. Lake view DR	
CITY-ST-ZIP	MILTON FL 32583		3.4 CITY-ST-ZIP	MILTON, FL. 32583	
TITLE	Tr	☐ DELETE	4.1 TITLE	TR	☑ Change ☐ Addition
NAME	LOVINS, ELVIN Jr.		4.2 NAME	LOVINS, ELVIN, JR.	
STREET ADDRESS	RT. 16, BOX 90		4.3 STREET ADDRESS	11283 N. Lakeview DR	
CITY-ST-ZIP	MILTON FL		4.4 CITY-ST-ZIP	MILTON, FL. 32583	
TITLE	D TR	☐ DELETE	5.1 TITLE	TR	☑ Change ☐ Addition
NAME	TAYLOR, TOMMIE		5.2 NAME		
STREET ADDRESS	8723 BRIGHTOAK CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE	TR	☑ Change ☐ Addition
NAME	DEL GALLO, FRANK		6.2 NAME		
STREET ADDRESS	1608 E. CROSS ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha G. Davis REQUIRED 21 March 1997 904-626-65
MARTHA G. DAVIS, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #