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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
C/O MARTHA G. DAVIS 11219 N. LAKEVIEW DR. MILTON FL 32583 US	C/O MARTHA G. DAVIS 11219 N. LAKEVIEW DR. MILTON FL 32583 US

3. Date Incorporated or Qualified: 01/13/1982

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DAVIS, MARTHA G.
11219 N. LAKEVIEW DR.
MILTON FL 32583

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

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	SMITH, DEWEY	
STREET ADDRESS	1137 HORIZON RD.		1.3 STREET ADDRESS	11159 N. LAKEVIEW DR	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	MILTON, FL. 32583	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, JOSEPH		2.2 NAME		
STREET ADDRESS	11229 N. LAKEVIEW DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOVINS, JULIE		3.2 NAME		
STREET ADDRESS	11283 N. LAKEVIEW DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		3.4 CITY-ST-ZIP		
TITLE	TR	☑ DELETE	4.1 TITLE	TR	☑ Change ☐ Addition
NAME	LOVINS, ELVIN J		4.2 NAME	RECTOR, THOMAS	N/A
STREET ADDRESS	11283 N. LAKEVIEW DR.		4.3 STREET ADDRESS	P.O. BOX 17871	
CITY-ST-ZIP	MILTON FL		4.4 CITY-ST-ZIP	PENSACOLA, FL. 32522-7871	
TITLE	TR	☑ DELETE	5.1 TITLE	TR	☑ Change ☐ Addition
NAME	TAYLOR, TOMMIE		5.2 NAME	MCLEAN, RONALD	
STREET ADDRESS	8723 BRIGHTOAK CIRCLE		5.3 STREET ADDRESS	P.O. BOX 282	N/A
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP	BAGDAD, FL. 32530	
TITLE	TR	☑ DELETE	6.1 TITLE	TR	☑ Change ☐ Addition
NAME	DEL GALLO, FRANK		6.2 NAME	DAVIS, WILLIAM F.	
STREET ADDRESS	1608 E. CROSS ST.		6.3 STREET ADDRESS	11219 N. LAKEVIEW DR	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	MILTON, FL. 32583	

CR2E037 (10/97)

14. I 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

MARTHA G. DAVIS

SIGNATURE: Martha G. Davis Treasurer 1/6/98 850-626-6529