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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761440**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/13/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3169359 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, MARTHA G. 11219 N. LAKEVIEW DR. MILTON FL 32583	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 _____ 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	☐ Change ☐ Addition
NAME	SMITH, DEWEY		1.2 NAME	
STREET ADDRESS	1159 N LAKEVIEW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583		1.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
NAME	RECTOR, THOMAS		4.2 NAME	
STREET ADDRESS	P.O. BOX 17871 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32522		4.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, RONALD		5.2 NAME	
STREET ADDRESS	P.O. BOX 282 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	BAGDAD FL 32530		5.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, WILLIAM F		6.2 NAME	
STREET ADDRESS	11219 N LAKEVIEW DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/1/99 850-626-6529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)