2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90051 045 ****61.25

DOCUMENT # 761440

1. Entity 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 32583-6942 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, MARTHA G. 11219 N. LAKEVIEW DR. MILTON FL 32583	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, DEWEY 1159 N LAKEVIEW DR MILTON FL 32583	☑ Delete	P ERICKSON, THOMAS J. 11365 HORIZON RD MILTON, FL. 32583	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, JOSEPH 11229 N. LAKEVIEW DR. MILTON FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOVINS, JULIE 11283 N. LAKEVIEW DR. MILTON FL	☑ Delete	S/T DAVIS, MARTHA G. 11219 N. LAKEVIEW DR. MILTON, FL. 32583	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR RECTOR, THOMAS P.O. BOX 17871 N/A PENSACOLA FL 32522	☑ Delete	TR Flannigan, Charles 3759 MackeyCove Pensacola, FL. 32514	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MCLEAN, RONALD P.O. BOX 282 N/A BAGDAD FL 32530	☑ Delete	TR McLean, Debra P.O. Box 282 BAGDAD, FL. 32530	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR DAVIS, WILLIAM F 11219 N LAKEVIEW DR MILTON FL 32583	☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA G. DAVIS Martha G. Davis REQUIRED 2/8/00 850-626-6529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #