## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#761440**

FILED Mar 09, 2004 Secretary of State

Entity Name: SHANGRA-LA PROPERTIES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O JOHANN MORRIS

11219 N. LAKEVIEW DR.

MILTON, FL 32583 US

C/O PAULA CLARK

11219 N. LAKEVIEW DR.

MILTON, FL 32583 US

Current Mailing Address: New Mailing Address:

 11181 N. LAKEVIEW DR.
 11219 N. LAKEVIEW DR.

 MILTON, FL 32583 US
 MILTON, FL 32583 US

FEI Number: 59-3169359 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MORRIS, JOHANN

11181 N. LAKEVIEW DR.

MILTON, FL 32583 US

CLARK, PAULA

11219 N. LAKEVIEW DR.

MILTON, FL 32583 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: PAULA J. CLARK 03/09/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ERICKSON, THOMAS J
 Name:
 CLARK, MARK D

 Address:
 11365 HORIZON RD
 Address:
 11219 LAKEVIEW DR

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 MILTON, FL 32583

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MORRIS, JOSEPH
 Name:

 Address:
 11229 N. LAKEVIEW DR.
 Address:

 City-St-Zip:
 MILTON, FL
 City-St-Zip:

 Name:
 MORRIS, JOHANN
 Name:
 CLARK, PAULA J

 Address:
 11181 N. LAKEVIEW DR.
 Address:
 11219 N. LAKEVIEW DR.

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 MILTON, FL 32583

 $\label{eq:title:Title:TR} \textit{Title:} \qquad \textit{TR} \qquad \textit{(X) Change () Addition}$ 

 Name:
 MINOR, LOIS
 Name:
 CLARK, PAULA J

 Address:
 1821 W. MOEH AVE.
 Address:
 11219 LAKEVIEW

 City-St-Zip:
 JOLIET, IL 604365
 City-St-Zip:
 MILTON,, FL 32583

Title: TR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 REEVES, GLEN
 Name:

 Address:
 5647 BAY FORREST DR.
 Address:

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:

Title: TR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SMITH, PAULA
 Name:

 Address:
 11159 N. LAKEVIEW DR.
 Address:

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK. D. CLARK P 03/09/2004