

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761440

FILED
Apr 05, 2005
Secretary of State

Entity Name: SHANGRA-LA PROPERTIES ASSOCIATION, INC.

Current Principal Place of Business:

C/O PAULA CLARK
11219 N. LAKEVIEW DR.
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

11219 N. LAKEVIEW DR.
MILTON, FL 32583 US

New Mailing Address:

FEI Number: 59-3169359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, PAULA
11219 N. LAKEVIEW DR.
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, MARK D
Address: 11219 LAKEVIEW DR
City-St-Zip: MILTON, FL 32583

Title: V () Delete
Name: MORRIS, JOSEPH
Address: 11229 N. LAKEVIEW DR.
City-St-Zip: MILTON, FL

Title: ST () Delete
Name: CLARK, PAULA J
Address: 11219 N. LAKEVIEW DR.
City-St-Zip: MILTON, FL 32583

Title: TR () Delete
Name: CLARK, PAULA J
Address: 11219 LAKEVIEW
City-St-Zip: MILTON,, FL 32583

Title: TR () Delete
Name: REEVES, GLEN
Address: 5647 BAY FORREST DR.
City-St-Zip: PENSACOLA, FL 32526

Title: TR () Delete
Name: SMITH, PAULA
Address: 11159 N. LAKEVIEW DR.
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: MINOR, LOIS
Address: 11147 N. LAKEVIEW DR
City-St-Zip: MILTON,, FL 32583

Title: TR (X) Change () Addition
Name: LOVINS, ELVIN
Address: 11239 N. LAKEVIEW DR
City-St-Zip: MILTON, FL 32583

Title: TR (X) Change () Addition
Name: ERICKSON, THOMAS
Address: 11356 HORIZON RD
City-St-Zip: MILTON, FL 32583

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

PRES

04/05/2005

Electronic Signature of Signing Officer or Director

Date