2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# 761440

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:	MINOR, LOIS	
Address:	11147 N. LAKEVIEW DR	
City-St-Zip:	MILTON,, FL 32583	
Title:	TR	( ) Delete
Name:	LOVINS, ELVIN	
Address:	11239 N. LAKEVIEW DR	
City-St-Zip:	MILTON, FL 32583	
Title:	TR	( ) Delete
Name:	ERICKSON, THOMAS	
Address:	11356 HORIZON RD	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	FIELDER, AUDREY	
Address:	11133 N. LAKEVIEW DR	
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 Chapter 119, 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 03/29/2006

Electronic Signature of Signing Officer or Director — Date