2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 045 ****70.00

DOCUMENT # **761440**

1. Entity Name

SHANGRA-LA PROPERTIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PAULA CLARK 11219 N. LAKEVIEW DR. MILTON FL 32583 US	11219 N. LAKEVIEW DR. MILTON FL 32583 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
JOHANN MORRIS	11181 N. LAKEVIEW, DR
Suite, Apt. #, etc. 11181 N. LAKEVIEW, DR	Suite, Apt. #, etc.
City & State MILTON FLA	City & State MILTON, FLA
Zip 32583 / Country SANTA ROSA	Zip 32583 / Country SANTA ROSA

1st MOORE CR2E037 (10/06)

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
CLARK, PAULA 11219 N. LAKEVIEW DR. MILTON FL 32583	Name JOHANN MORRIS Street Address (P.O. Box Number is Not Acceptable) 11181 N. LAKEVIEW, DR City MILTON FL Zip Code 32583

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 2-10-07

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
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, MARK D 11219 LAKEVIEW DR MILTON FL 32583 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHANN MORRIS 11181 N. LAKEVIEW, DR MILTON, FLA. 32583 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, JOSEPH 11229 N. LAKEVIEW DR. MILTON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLARK, PAULA J 11219 N. LAKEVIEW DR. MILTON FL 32583 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHANN MORRIS 11181 N. LAKEVIEW, DR MILTON, FLA. 32583 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MINOR, LOIS 11147 N. LAKEVIEW DR MILTON, FL 3258-3 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIM MILLER 11242 S. LAKEVIEW, DR MILTON, FL. 32583-6923 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LOVINS, ELVIN 11239 N. LAKEVIEW DR MILTON FL 32583 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FIELDER, AUDREY 11133 N. LAKEVIEW DR MILTON FL 32583 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] 2/10/07 (850) 623-6850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #