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

1st MOORE CR2E037 (10/06)

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 / Country 32583 / SANTA ROSA	Zip / Country 32583 / SANTA ROSA

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

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

7. Name and Address of New Registered Agent

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 Johann Morris 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: Johann Morris 2/10/07 (850) 623-6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #