


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90021 049 ***150.00

DOCUMENT # G96130 1. Entity Name SHANGRI-LA OWNERS' ASSOCIATION, INC.					
Principal Place of Business 249 JASPER ST NW #144 LARGO, FL 33770 US				Mailing Address 249 JASPER ST NW #144 LARGO, FL 33770 US	
2. Principal Place of Business - No P.O. Box # 249 JASPER ST. NW.		3. Mailing Address 249 JASPER ST. NW			
Suite, Apt. #, etc. LOT # 2		Suite, Apt. #, etc. LOT # 2			
City & State LARGO, FLORIDA		City & State LARGO, FL		4. FEI Number 59-2425897	
Zip 33770		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
Zip 33770		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELKEY, DIANE M 249 JASPER ST W. LOT 2 LARGO, FL 33770				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PELKEY, DIANE M 249 JASPER ST W., LOT 2 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MALCRIVI, VINCE 249 JASPER ST W. #142 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MALORNI, VINCE (NAME CORRECTION) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LYNAM, CHRIS 249 JASPER STREET W # 53 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODGER, MARY ANN 249 JASPER STREET W # 144 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST - TREASURER EZELL, SANDRA 249 JASPER STREET NW #107 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JUSTASON, MARY LOU 249 JASPER STREET N.W #140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: <u>Vince Malorni</u> VINCE MALORNI JAN/13/2008 727-585-8885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					