


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90090 038 ****61.25

DOCUMENT # N02844 1. Entity Name SHANGRI-LA BY THE LAKE MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business SHANGRI MOBILE HOME PARK 101 CHINA LANE LEESBURG, FL 34788 US			Mailing Address 101 CHINA LANE LEESBURG, FL 34788 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2423040	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORGAN, EDWIN 207 BANGKOK ISLAND RD LEESBURG, FL 34788				7. Name and Address of New Registered Agent Name Roland Gagnon Street Address (P.O. Box Number is Not Acceptable) 142 Shanghai Island Rd City Leesburg FL Zip Code 34788	
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 <u><i>Roland Gagnon</i></u> <u><i>Edwin Morgan</i></u> <u>4/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 MORGAN, EDWIN 207 BANGKOK ISLAND ROAD LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roland Gagnon 142 Shanghai Island Rd Leesburg, FL 34788
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD COTTER, RICHARD 237 MALAYSIA ISLAND LANE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD Leon Oexner 164 Formosa Island Rd Leesburg, FL 34788
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD EDMONSTON, MARGARET 206 BANGKOK ISLAND RD LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD Lois Cowin 251 Taipei Island Rd Leesburg, FL 34788
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRAUGHAN, MARSHA 129 BURMA ISLAND RD LEESBURG, FL 34788	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick Miller 139 Shanghai Island Rd Leesburg, FL 34788
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGRAM, ROLAND 142 SHANGHAI ISLAND LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Leone Jensvold 223 Malaysia Island Ln Leesburg, FL 34788
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPSEKER, DICK 114 BURMA ISLAND RD LEESBURG, FL 34788	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greg Tischler 162 Formosa Island Rd Leesburg, FL 34788
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" 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 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: <u><i>Marsha A. Straughan</i></u> MARSHA STRAUGHAN <u>4/12/07</u> <u>(352) 351-7197</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					