2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N07000005339

Entity Name: SHANGRI LA DRIVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1671 FRANCIS AVENUE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1671 FRANCIS AVENUE
ATLANTIC BEACH, FL 32233

New Mailing Address:

2894 SHANGRI-LA DR.
ATLANTIC BEACH, FL 32233

FEI Number: 26-0449317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALL, HAYWOOD M
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 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: PD ( ) Delete
Name: MARCELLO, RALPH
Address: 1671 FRANCIS AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: STD ( ) Delete
Name: FINLEY, PAUL
Address: 1671 FRANCIS AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: FREEMAN, JOYCE
Address: 1671 FRANCIS AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HINES, THERESA
Address: 2894 SHANGRI-LA DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP (X) Change ( ) Addition
Name: ARCHULETTA, GRACE
Address: 2860 SHANGRI-LA DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, TABIATHA
Address: 2878 SHANGRI-LA DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T ( ) Change (X) Addition
Name: INMAN, KEVIN
Address: 2862 SHANGRI-LA DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S ( ) Change (X) Addition
Name: WATTS, MARLENE
Address: 2868 SHANGRI-LA DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify 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: THERESA HINES PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date