

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # N47909

1. Entity Name  
SHANGRI-LA ESTATES HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business  
100 SHANGRI-LA BOULEVARD  
LEESBURG, FL 34788

Mailing Address  
1403 W AVE. A  
BELLE GLADE, FL 33430 US



04142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3120577

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHEY, STEVEN J.  
920 WEST MAIN STREET  
N  
LEESBURG, FL 34748

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOOKS, RUDOLPH, SR.
STREET ADDRESS	1500 WEST CANAL STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	DST
NAME	BARTON, LISA A
STREET ADDRESS	533 1/2 S.E. AVE. E
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	DT
NAME	BARTON, LISA A
STREET ADDRESS	533 1/2 S.E. AVE. E
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000350507  
05/02/05-80107-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Lisa A. Barton* Lisa A. Barton

Date

Daytime Phone #

4-27-05

561-996-7491