

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90198 013 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

**DP  
HOOKS, RUDOLPH, SR.  
1500 WEST CANAL STREET  
BELLE GLADE FL 33430**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP

**DST  
BARTON, LISA A  
533 1/2 S.E. AVE. E  
BELLE GLADE FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☒ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP

**DT  
BARTON, LISA A  
533 1/2 S.E. AVE. E  
BELLE GLADE FL**

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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:** *Lisa A. Barton* *Lisa A. Barton* *4/25/06* *561-996-7491*