

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 17, 2002 8:00 A.M
Secretary of State

DOCUMENT # N97000005779

1. Entity Name

Shangra Woods First Addition
Homeowners Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

947 Ashley Lane

Suite, Apt. #, etc.

Unit A

City & State

FT. Walton Bch., FL

Zip

32547

Country

USA

3. Mailing Address

P.O. Box 3065

Suite, Apt. #, etc.

City & State

FT. Walton Bch., FL

Zip

32549

Country

USA

4. FEI Number

59-3524862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Crew & Crew, P.A.

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

25 Deal Parkway, NE Ste. 210

City

FT. Walton Bch.

FL

Zip Code

32548

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Dan S. Montgomery "D"
STREET ADDRESS	947 A Ashley Ln.
CITY-ST-ZIP	FT. Walton Bch., FL 32547
TITLE	Vice President
NAME	Raymond Benton "D"
STREET ADDRESS	446 C Ashley Ln.
CITY-ST-ZIP	FT. Walton Bch., FL 32547
TITLE	Treasurer
NAME	Charlotte Hall "D"
STREET ADDRESS	946 E Ashley Ln.
CITY-ST-ZIP	FT. Walton Bch., FL 32547
TITLE	Secretary
NAME	Glenn Bailey "D"
STREET ADDRESS	446 B Ashley Ln.
CITY-ST-ZIP	FT. Walton Bch., FL 32547
TITLE	
NAME	
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

173.75 - AR

10.00 - APARTS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN MONTGOMERY 5/9/02 850-863-1744

Date

Daytime Phone #

CR2E037B (12/01)