2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N97000006551 1. Entity Name 04-07-2004 90022 045 ****61.25 SHANGRI LA MOBILE HOME TENANT ASSOCIATION, Principal Place of Business Mailing Address 1310 FLEMING AVE., LOT 69C ORMOND BEACH FL 32174 1310 FLEMING AVE., LOT 69C ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Ζįρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ----CALLIER, RONALDO A Street Address (P.O. Box Number is Not Acceptable) 1310 FLEMING C-69 ORMOND BEACH FL 32174 City 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 reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete CALLIER, RONALDO A CAILLER RONALDO 1310 FLEMING AUE. NAME NAME 1310 FLEMING AVE., LOT 69C STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-7IP CITY-ST-ZIP ŘĎ ☐ Change ☐ Addition TITLE TITLE ☐ Oelete GODFREY JACK 1310 FLEMING AY GODFREY, JACK NAME NAME 0 74 1310 FLEMING AV C74 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 32174 1) RMOND CITY-ST-ZIP CITY-ST-ZIP BD TITLE TITLE ☐ Change ☐ Addition ☐ Delete MILLS RONALD AUF MILLS, RONALD F ---NAME NAME D 88 1310 FLEMING AV D88 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 FL. 32174 CITY-ST-ZIP CITY-ST-ZIP RMOND BD 💹 Delete TITLE HAYES, HAROLD NAME NAME 1310 FLEMING AVE B33 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 <u>3</u>2124 BEACH CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition COURTER, ANDY NAME LOTC68 1310 FLEMING AVE., LOT C68 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. 4-3-04 386-677-8189 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: (