

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90309 018 ****61.25

DOCUMENT # N97000006551					
1. Entity Name SHANGRI LA MOBILE HOME TENANT ASSOCIATION, INC.					
Principal Place of Business 1310 FLEMING AVE., LOT 69C ORMOND BEACH, FL 32174			Mailing Address 1310 FLEMING AVE., LOT 69C ORMOND BEACH, FL 32174		
2. Principal Place of Business 1310 Fleming Ave D-47 Suite, Apt. #, etc.		3. Mailing Address 1310 Fleming Ave D-47 Suite, Apt. #, etc.			
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL		4. FEI Number NOT APPLICABLE	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLIER, RONALDO A 1310 FLEMING C-69 ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name: <u>Wayne L. Miller SR.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1310 Fleming Ave D-47</u> City: <u>ORMOND BEACH</u> FL <u>32174</u>	
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 <u>Wayne L. Miller SR.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>04-18-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 D NAME CALLIER, RONALDO A STREET ADDRESS 1310 FLEMING AVE., LOT 69C CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE PRES. NAME WAYNE L MILLER SR. STREET ADDRESS 1310 Fleming Ave D-47 CITY-ST-ZIP ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE BD NAME GODFREY, JACK STREET ADDRESS 1310 FLEMING AV C74 CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE V. PRES NAME DEL WEST STREET ADDRESS 1310 Fleming Ave D-49 CITY-ST-ZIP ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE BD NAME MILLS, RONALD STREET ADDRESS 1310 FLEMING AV D88 CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME PAM JASPER STREET ADDRESS 1310 FLEMING AVE., LOT A-41 CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE BD NAME PADUANO, NORMAN A STREET ADDRESS 1310 FLEMING AVE., C70 CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BD NAME COURTER, ANDY STREET ADDRESS 1310 FLEMING AVE., LOT C68 CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Wayne L. Miller SR.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>04-18-05</u>		DAYTIME PHONE # <u>386-672-2052</u>