2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # N97000006551 04-30-2007 90866 024 ****61.25 SHANGRI LA MOBILE HOME TENANT ASSOCIATION, Principal Place of Business Mailing Address 00020701310 FLEMING AVE., 1310 FLEMING AVE., D-47 D-47 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04272007 CR2E037 (12/06) Cha-NP City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, SR., WAYNE L. Street Address (P.O. Box Number is Not Acceptable) 1310 FLEMING AVE. D-47 ORMOND BEACH, FL 32174 Zip Code FI 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution **Due by May 1, 2007** Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Channe ☐ Addition MILLER, SR, WAYNE L. NAME NAME STREET ADDRESS 1310 FLEMMING AVE., D-47 STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP CITY-ST-ZIP VP TITLE Delete TITLE ☐ Change ■ Addition WEST, DEL NAME NAME 1310 FLEMMING AVE., D-49 STREET ADDRESS STREET ADORESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JASPER, PAM NAME NAME STREET ADDRESS 1310 FLEMING AVE., LOT A-41 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Change

Addition

☐ Addition

☐ Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR