## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000049

FILED Jan 12, 2007 Secretary of State

Entity Name: SHANGRI-LA AT WOODMONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
8500-8598	RRY BLOSSO	DM, & LYCHEE DR. US		New I IIII	pui i iuce oi i	Justiness.	
Current Mailing Address:			New Mailing Address:				
C/O ABSOL 101 N. ST. F MARGATE,	RD. 7, #119	RTY MANAGEMENT US		C/O ABSOL 541 S ST R MARGATE,	D 7 #12	RTY MANAGEMENT US	
FEI Number: 6	65-1024481	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:	
101 N. ST. F 119 MARGATE, The above r	RD. 7 FL 33063 Us named entity s		rpose of	541 S ST R 12 MARGATE,	D7 ,FL 33068 US	MANAGEMENT  S fice or registered agent, or both,	
in the State						04/40/0007	
SIGNATUR		E PROPERTY MANAGEMENT c Signature of Registered Agen	t			01/12/2007 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CAMPBELL, TIM	BLOSSOM LANE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STOREY, MIKE	Delete BLOSSOM LANE 33321 US		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () WARSHAW, NIN 8598 LYCHEE D TAMARAC, FL	PRIVE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () HOROWITZ, PA 8593 JADE DR. TAMARAC, FL			Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () GONZALEZ, AR 8598 JADE DRI <sup>N</sup> TAMARAC, FL	/E		Title: Name: Address: City-St-Zip:	D (X) HAYDEN, RAY 8505 CHERRY E TAMARAC, FL 3		
Title: Name: Address: City-St-Zip:	HAYDEN, RAY	Delete BLOSSOM LANE 33321 US		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY CAMPBELL PD 01/12/2007