

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 12, 2008**  
**Secretary of State**

DOCUMENT# N98000000049

**Entity Name:** SHANGRI-LA AT WOODMONT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8500-8598  
JADE, CHERRY BLOSSOM, & LYCHEE DR.  
TAMARAC, FL 33321 US**New Principal Place of Business:****Current Mailing Address:**C/O ABSOLUTE PROPERTY MANAGEMENT  
541 S ST RD 7 #12  
MARGATE, FL 33068 US**New Mailing Address:**C/O TMG MANAGEMENT  
P.O. BOX 802  
POMPAÑO BEACH, FL 33061 US**FEI Number:** 65-1024481**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DAVID BAUMAN, ESQ.  
4050 W BROWARD BLVD.  
PLANTATION, FL 33317 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: CAMPBELL, TIMOTHY  
Address: 8201 CHERRY BLOSSOM LANE  
City-St-Zip: TAMARAC, FL 33321 US

Title: VPD ( ) Delete  
Name: STOREY, MIKE  
Address: 8513 CHERRY BLOSSOM LANE  
City-St-Zip: TAMARAC, FL 33321 US

Title: TD ( ) Delete  
Name: WARSHAW, NINA  
Address: 8598 LYCHEE DRIVE  
City-St-Zip: TAMARAC, FL 33321 US

Title: SD ( ) Delete  
Name: HAYDEN, LISA  
Address: 8505 CHERRY BLOSSOM LANE  
City-St-Zip: TAMARAC, FL 33321 US

Title: PD ( ) Delete  
Name: HAYDEN, RAY  
Address: 8505 CHERRY BLOSSOM LANE  
City-St-Zip: TAMARAC, FL 33321 US

Title: D ( ) Delete  
Name: GRECO, IRENE  
Address: 8585 JADE DRIVE  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TERRY MCGREGOR

MR

08/12/2008

Electronic Signature of Signing Officer or Director

Date