


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004242 1. Entity Name SHANGRI-LA SHORES HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 1403 WEST AVENUE A BELLE GLADE, FL 33430 US	Mailing Address 1403 WEST AVENUE A BELLE GLADE, FL 33430 US
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04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1031314	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent LEWIS, DORIS A 1403 WEST AVENUE A BELLE GLADE, FL 33430

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 reappointing) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

000000355395
05/03/05-80144-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HOOKS, RUDOLPH SR
STREET ADDRESS	1500 W. CANAL STREET SOUTH
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	DST
NAME	HOOKS, RUDOLPH SR
STREET ADDRESS	1403 WEST AVENUE A
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	BURTON, LISA
STREET ADDRESS	1403 WEST AVENUE A
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	V
NAME	VICKERY, SHIRLEY
STREET ADDRESS	681 S.E. 7TH DRIVE
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	V
NAME	LEWIS, DORIS A
STREET ADDRESS	1403 WEST AVENUE A
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	DST
NAME	BURTON, LISA
STREET ADDRESS	1403 WEST AVENUE A
CITY-ST-ZIP	BELLE GLADE, FL 33430

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lisa Barton Lisa Barton 4-27-05 561-996-7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #