


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000004242</b>					
1. Entity Name <b>SHANGRI-LA SHORES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>1403 WEST AVNEUE A BELLE GLADE FL 33430 US</b>			Mailing Address <b>1403 WEST AVNEUE A BELLE GLADE FL 33430 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1031314</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEWIS, DORIS A 1403 WEST AVENUE A BELLE GLADE FL 33430</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOKS, RUDOLPH SR		NAME		
STREET ADDRESS	1500 W. CANAL STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOKS, RUDOLPH SR		NAME		
STREET ADDRESS	1403 WEST AVENUE A		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, LISA		NAME		
STREET ADDRESS	1403 WEST AVENUE A		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICKERY, SHIRLEY		NAME		
STREET ADDRESS	681 S.E. 7TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, DORIS A		NAME		
STREET ADDRESS	1403 WEST AVNEUE A		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, LISA		NAME		
STREET ADDRESS	1403 WEST AVENUE A		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Lisa Barton</u> <u>Lisa Barton</u> <u>4/25/06</u> <u>561-996-7491</u>					