


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

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000004242		
1. Entity Name SHANGRI-LA SHORES HOMEOWNER'S ASSOCIATION, INC.		
Principal Place of Business 1403 WEST AVENUE A BELLE GLADE, FL 33430 US	Mailing Address 1403 WEST AVENUE A BELLE GLADE, FL 33430 US	



04172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent LEWIS, DORIS A 1403 WEST AVENUE A BELLE GLADE, FL 33430	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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

U000000720603
05/01/07-80113-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Lisa Barton* Lisa Barton 4-18-07 561-996-7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #