FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075643 (5)**

1. Corporation Name
SHANGRI-LA HEALTH RESORT & SPA OF BONITA SPRINGS CORPORATION

Principal Place of Business	Mailing Address
800 LAUREL OAK DR STE 400 NAPLES FL 33963	800 LAUREL OAK DR STE 400 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1993
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21: 27580 Old 41 Rd.
22: Suite, Apt. #, etc.
23: City & State: Bonita Springs, FL
24: Zip: 33923
25: County: Lee

2a. Mailing Address
26: P.O. Box 2328
27: Suite, Apt. #, etc.
28: City & State: Bonita Springs, FL
29: Zip: 33959-2328
30: County: Lee

4. FEI Number: 65-0446717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARLICK, THOMAS B
800 LAUREL OAK DR
STE 400
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Thomas B. Garlick — 4/20/95
Signature, Typed or Printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D President / Treasurer	11 TITLE	☒ Change ☐ Addition
NAME	DAHLMANNS, LEO	12 NAME	
STREET ADDRESS	800 LAUREL OAK DR #400	13 STREET ADDRESS	P.O. Box 1492
CITY ST ZIP	NAPLES FL 33963	14 CITY ST ZIP	Bonita Springs, FL 33923-1492
TITLE	Secretary	21 TITLE	☐ Change ☒ Addition
NAME	Deborah Dahlmanns	22 NAME	
STREET ADDRESS	P.O. Box 1492	23 STREET ADDRESS	
CITY ST ZIP	Bonita Springs, FL 33959-1492	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/1/95 813 992-3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0331975 CP