## FIZE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 11654 LONG LAKE DRIVE

SPARTA MI 49345

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90025 003 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/07/1000

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # V70113

Principal Place of Business

11654 LONG LAKE DRIVE SPARTA MI 49345

US

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

THESE LONG LANG DITH

SPATTA CT

CITY-ST-ZIP

TITLE

NAME

SHANGRILA BY THE LAKE UTILITIES, INC.

					10/07/1992			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Арр	lied For
21		26	26		59-3177593		Not	Applicable
	pt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	_ · \$	8.75 A	dditional
2		27			5. Certificate of Status Desired	ш	Fee Rec	uired
City & St	tate	City & State			6. Election Campaign Financing		5.00 N	lav Be
3		28			Trust Fund Contribution	1 1	Added to	
Zip	, Country	Zip	Country		8. This corporation owes the curre	nt year Intangit	Je Je	
4	` 25	29	30		Personal Property Tax.	Ď.		□No
<u>'</u>	9. Name and Address of Curr	rent Registered Agent	<del></del> '		10. Name and Address of New R	egistered Age	nt	
	\$\$ \$ \$2.7 \$ \$	Ü	81	Name				
WERNER, ANDREW R.  SHA C/O SHANGRI-LA BY THE LAKE UTIES MODE  100 SHANGRI-LA BLVD.  LEESBURG FL 34788				BO CO LALL W (D.C. Burn Minches) - New Advance (able)				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
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والمروض والوجادة	int to the provisions of Sections 607.0	and the man was a second to the second second				<u> </u>		
12.	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTOR	RS IN 12
MTLE	D	□ DELETE		- 1			<u> </u>	
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

3.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

☐ Change

☐ Addition