

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761440

Entity Name: SHANGRA-LA PROPERTIES ASSOCIATION, INC.**Current Principal Place of Business:**SHANGRA-LA PROPERTIES ASSOCIATION, INC.
P.O. BOX 14
BAGDAD, FL 32530**Current Mailing Address:**SHANGRA-LA PROPERTIES ASSOCIATION, INC.
P.O. BOX 14
BAGDAD, FL 32530 US**FEI Number:** 59-3169359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENSON, DEBRA
SHANGRA-LA PROPERTIES ASSOCIATION, INC.
P.O. BOX 14
BAGDAD, FL 32530 US*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.***SIGNATURE:** DEBRA BENSON**03/27/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HUTTON, KRISTINA
Address	11159 NORTH LAKEVIEW DRIVE
City-State-Zip:	MILTON FL 32583

Title	VP
Name	KINCAID, JEFFERY
Address	11207 NORTH LAKEVIEW DRIVE
City-State-Zip:	MILTON FL 32583

Title	SECRETARY, TREASURER
Name	BENSON, DEBRA
Address	11189 NORTH LAKEVIEW DRIVE
City-State-Zip:	MILTON FL 32583

Title	TRUSTEE
Name	MURDOCK, AUDREY
Address	11210 SOUTH LAKEVEIW DRIVE
City-State-Zip:	MILTON FL 32583

Title	TRUSTEE
Name	COATES, CHRISTIAN
Address	6086 E. MILTON ROAD
City-State-Zip:	MILTON FL 32583

Title	TRUSTEE
Name	BENSON, MARC
Address	11189 NORTH LAKEVIEW DRIVE
City-State-Zip:	MILTON FL 32583

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA BENSON**SECRETARY****03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date