

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000049

**Entity Name:** SHANGRI-LA AT WOODMONT HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 26, 2025**  
**Secretary of State**  
**9700828542CC****Current Principal Place of Business:**C/O ACCOUNTING EDGE AND MANAGEMENT CORP  
12538 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071**Current Mailing Address:**C/O ACCOUNTING EDGE AND MANAGEMENT CORP  
12538 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US**FEI Number: 65-1024481****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DAVID BAUMAN, ESQ.  
4050 W BROWARD BLVD.  
PLANTATION, FL 33317 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP
Name	CALDER, RICHARD
Address	C/O ACCOUNTING EDGE AND MANAGEMENT CORP 12538 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

Title	PRESIDENT
Name	ORNA , NAHON
Address	C/O ACCOUNTING EDGE AN MANAGEMENT CORP 12538 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

Title	SECRETARY
Name	CHRISTIAN-MARTINEZ, ALEXANDRIA
Address	C/O ACCOUNTING EDGE AND MANAGEMENT CORP 12538 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

Title	DIRECTOR
Name	ADAM, LINCENT
Address	C/O ACCOUNTING EDGE AND MANAGEMENT CORP 12538 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

Title	DIRECTOR
Name	STOREY, MICHAEL
Address	C/O ACCOUNTING EDGE AND MANAGEMENT CORP 12538 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

Title	TREASURER
Name	GORDON, ANDREW
Address	C/O ACCOUNTING EDGE AND MANAGEMENT CORP 12538 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

*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: ORNA NAHON****PRESIDENT****03/26/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date