

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000049

FILED
Mar 17, 2020
Secretary of State
9638234191CC**Entity Name:** SHANGRI-LA AT WOODMONT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8500-8598
JADE, CHERRY BLOSSOM, & LYCHEE DR.
TAMARAC, FL 33321**Current Mailing Address:**C/O TMG MANAGEMENT
3303 W. COMMERCIAL BOULEVARD SUITE 170
FORT LAUDERDALE, FL 33309 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	PRESIDENT
Name	STOREY, MIKE
Address	8513 CHERRY BLOSSOM LANE
City-State-Zip:	TAMARAC FL 33321

Title	SECRETARY
Name	SCOTT, CHRISTINE
Address	8501 CHERRY BLOSSOM LANE
City-State-Zip:	TAMARAC FL 33321

Title	VP
Name	CALDER, RICHARD
Address	8503 CHERRY BLOSSOM LANE
City-State-Zip:	TAMARAC FL 33321

Title	DIRECTOR
Name	COEHN, SAARI
Address	8595 JADE DR
City-State-Zip:	TAMARAC FL 33321

Title	DIRECTOR
Name	THOMAS, ROSA
Address	8508 CHERRY BLOSSOM LANE
City-State-Zip:	TAMARAC FL 33321

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: MIKE STOREY**PRESIDENT****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date