


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90043 027 ****61.25

DOCUMENT # N00000003469
 1. Entity Name
SHEPHARD'S COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **325 SOUTH BLVD. TAMPA FL 33606**
 Mailing Address: **325 SOUTH BLVD. TAMPA FL 33606**

2. Principal Place of Business: **P.O. Box 2691**
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 2691**
 Suite, Apt. #, etc.


City & State: **Lutz FL**

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Zip: **33548** Country: **USA**

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04061113



MOORE CR2E037 (11/03)

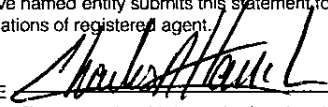
4. FEI Number: **59-3699824**

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

6. Name and Address of Current Registered Agent
MOLLOY, DANIEL L
325 SOUTH BLVD.
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name: **Charles A. Hannah**
 Street Address (P.O. Box Number is Not Acceptable): **19001 Sunlake Blvd.**
 City: **Lutz FL** Zip Code: **33558**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Charles A. Hannah** DATE: **4-3-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIOT, SANFORD B	
STREET ADDRESS	ONE SE 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHEY, BENTON	
STREET ADDRESS	3004 RHETT CT.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNAH, CHARLIE	
STREET ADDRESS	19001 SUNLAKE BLVD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rene Leon	
STREET ADDRESS	19813 wetherby Ln	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil Evans	
STREET ADDRESS	19821 wetherby Ln	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles A. Hannah	
STREET ADDRESS	19001-sunlake Blvd.	
CITY-ST-ZIP	Lutz, FL 33558	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olga Leon	
STREET ADDRESS	19813 wetherby Ln.	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Raju Kedar	
STREET ADDRESS	19818 wetherby Ln.	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joy Dutt	
STREET ADDRESS	19814 wetherby Ln.	
CITY-ST-ZIP	Lutz, FL 33549	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Charles A. Hannah Pres** DATE: **4-3-04** DAYTIME PHONE #: **(813) 909-1277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR