

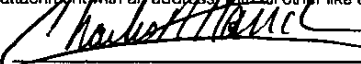


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90108 047 ****61.25

DOCUMENT # N00000003469					
1. Entity Name SHEPHARD'S COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 2691 LUTZ, FL 33548		Mailing Address PO BOX 2691 LUTZ, FL 33548			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032005	Chg-NP
4. FEI Number 59-3699824				CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANNAH, CHARLES A 19001 SUNLAKE BLVD LUTZ, FL 33558			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	LEON, RENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEN, RENE		(NAME)	spelling correction	
STREET ADDRESS	19813 WETHERBY LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, PHIL		NAME		
STREET ADDRESS	199821 WETHERBY LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	HANNAH, CHARLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAH, CHARLIE		(NAME)	spelling correction	
STREET ADDRESS	19001 SUNLAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	LEON OLGA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAN, OLGA		(NAME)	spelling correction	
STREET ADDRESS	19813 WETHERBY LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEDAR, RAJU DR		NAME		
STREET ADDRESS	19818 WETHERBY LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	DUTT, JOY) JOANN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFF, JOY		(NAME)	spelling correction	
STREET ADDRESS	19814 WETHERBY LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
12. 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 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: 			Date: 1-3-05 (813) 909-1277		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		