


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 002 ****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

50001349



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3699824

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HANNAH, CHARLES A
19001 SUNLAKE BLVD
LUTZ, FL 33558

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2007

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 type="checkbox"/> Delete
NAME	LEON, RENE	
STREET ADDRESS	19813 WETHERBY LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, PHIL	
STREET ADDRESS	199821 WETHERBY LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HANNAH, CHARLES	
STREET ADDRESS	19001 SUNLAKE BLVD	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEON, OLGA	
STREET ADDRESS	19813 WETHERBY LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEDAR, DR. RAJA	
STREET ADDRESS	19818 WETHERBY LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUTT, (JOY) JOANN	
STREET ADDRESS	19814 WETHERBY LANE	
CITY-ST-ZIP	LUTZ, FL 33549	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **Charles A. Hannah, Pres** Date **4-5-07 (813) 909-1277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR