


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3699824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANNAH, CHARLES A  
 19001 SUNLAKE BLVD  
 LUTZ, FL 33558

**DO NOT WRITE IN THIS SPACE**

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 1/3/08

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

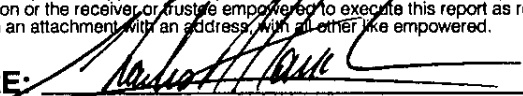
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, RENE 19813 WETHERBY LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, PHIL 199821 WETHERBY LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANNAH, CHARLES 19001 SUNLAKE BLVD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEDAR, DR. RAJA 19818 WETHERBY LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUTT, (JOY) JOANN 19814 WETHERBY LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000923234  
 05/15/08-80022-015 61.25

**DO NOT WRITE IN THIS SPACE**

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, Pres 1/3/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #