

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003469

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** SHEPHARD'S COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 2691  
LUTZ, FL 33548

**New Principal Place of Business:**

19001 SUNLAKE BLVD.  
LUTZ, FL 33558

**Current Mailing Address:**

PO BOX 2691  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 59-3699824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANNAH, CHARLES A  
19001 SUNLAKE BLVD  
LUTZ, FL 33558 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEON, RENE  
Address: 19813 WETHERBY LANE  
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete  
Name: EVANS, PHIL  
Address: 199821 WETHERBY LANE  
City-St-Zip: LUTZ, FL 33549

Title: DP ( ) Delete  
Name: HANNAH, CHARLES  
Address: 19001 SUNLAKE BLVD  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: KEDAR, DR. RAJA  
Address: 19818 WETHERBY LANE  
City-St-Zip: LUTZ, FL 33549

Title: ST ( ) Delete  
Name: DUTT, (JOY) JOANN  
Address: 19814 WETHERBY LANE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES A. HANNAH

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date