


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90063 002 \*\*\*\*61.25

<b>DOCUMENT # N96000001753</b>	
1. Entity Name <b>SHALIMAR HOMEOWNERS ASSOCIATION OF PASCO COUNTY, INC.</b>	

Principal Place of Business <b>C/O LOLA KEISTER 9112 DANIEL AVE PORT RICHEY FL 34668</b>	Mailing Address <b>C/O LOLA KEISTER 9112 DANIEL AVE PORT RICHEY FL 34668</b>
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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

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3213990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>THOMAS, LLOYD 9125 ROBERT AVE PORT RICHEY FL 34668</b>	
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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 <i>LLOYD THOMAS</i> Signature, typed or printed name of registered agent and title if applicable	<i>Lloyd Thomas</i> 2-9-07 (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P COLLINS, CATHERINE 9120 ROBERT AVE PORT RICHEY FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D LIENDHARDT, TERRY 9025 ROBERT AVE PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D TATE, MALCOM 9116 KILEEN AVE PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T KEISTER, LOLA 9112 DANIEL AVE PORT RICHEY FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D THOMAS, LLOYD 9125 ROBERT AVE PORT RICHEY FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S RUBIN, JO 9108 DANIEL AVE PORT RICHEY FL 34668 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP DOWLER MAURICE 9161 SHAWN AVE PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D PALLERINO, JAMES 6539 OUTER DR. PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P LYON, PHYLLIS 9025 KILEEN AVE PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <i>Lola Keister</i> <b>LOLA KEISTER</b> 2-9-07 727-847-3586	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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