

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90024 050 \*\*\*\*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>	
2. Principal Place of Business - No P.O. Box # <b>C/o Catherine Collins</b> Suite, Apt. #, etc. <b>9120 Robert Ave</b> City & State <b>Port Richey, FL</b> Zip <b>34668</b>		3. Mailing Address <b>C/o Catherine Collins</b> Suite, Apt. #, etc. <b>9120 Robert Ave</b> City & State <b>Port Richey, FL</b> Zip <b>34668</b>	
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>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE P NAME COLLINS, CATHERINE STREET ADDRESS 9120 ROBERT AVE CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE Treasurer NAME Maurice N. Bowler STREET ADDRESS 9101 Shawn Ave CITY-ST-ZIP Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PALLERINO, JAMES STREET ADDRESS 6539 OUTER DR CITY-ST-ZIP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Bruce Caldwell STREET ADDRESS 9033 Robert Ave CITY-ST-ZIP Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LYON, PHYLLIS STREET ADDRESS 9025 KILEEN AVE CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE Secretary NAME Ann Dayton STREET ADDRESS 9117 Kileen Ave CITY-ST-ZIP Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME KEISTER, LOLA STREET ADDRESS 9112 DANIEL AVE CITY-ST-ZIP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME THOMAS, LLOYD STREET ADDRESS 9125 ROBERT AVE CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME RUBIN, JO STREET ADDRESS 9108 DANIEL AVE CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	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 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.			
<b>SIGNATURE: Maurice N. Bowler</b> <b>Treas. Maurice N. Bowler</b> <b>2/6/08</b> <b>727-846-7119</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			