

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001753

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: SHALIMAR HOMEOWNERS ASSOCIATION OF PASCO COUNTY, INC.

## Current Principal Place of Business:

C/O LOLA KEISTER  
9120 ROBERT AVE  
PORT RICHEY, FL 34668

## New Principal Place of Business:

C/O CATHERINE COLLINS  
9120 ROBERT AVE  
PORT RICHEY, FL 34668

## Current Mailing Address:

C/O LOLA KEISTER  
9120 ROBERT AVE  
PORT RICHEY, FL 34668

## New Mailing Address:

C/O CATHERINE COLLINS  
9120 ROBERT AVE  
PORT RICHEY, FL 34668

FEI Number: 59-3213990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, LLOYD  
9125 ROBERT AVE  
PORT RICHEY, FL 34668 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: P ( ) Delete  
Name: COLLINS, CATHERINE  
Address: 9120 ROBERT AVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete  
Name: CALDWELL, BRUCE  
Address: 9033 ROBERT AVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete  
Name: LYON, PHYLLIS  
Address: 9025 KILEEN AVE  
City-St-Zip: PORT RICHEY, FL 34688

Title: S ( ) Delete  
Name: DAYTON, ANN  
Address: 9117 KILEEN AVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete  
Name: THOMAS, LLOYD  
Address: 9125 ROBERT AVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete  
Name: RUBIN, JO  
Address: 9108 DANIEL AVE  
City-St-Zip: PORT RICHEY, FL 34668

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CALDWELL, BRUCE  
Address: 9133 ROBERT AVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: S (X) Change ( ) Addition  
Name: COLLINS, CATHERINE  
Address: 9120 ROBERT AVE  
City-St-Zip: PORT RICHEY, FL 34668

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

Title: D (X) Change ( ) Addition  
Name: DAYTON, ANN  
Address: 9117 KILEEN AVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: VP (X) Change ( ) Addition  
Name: THOMAS, LLOYD  
Address: 9125 ROBERT AVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: T (X) Change ( ) Addition  
Name: BOWLER, MAURICE  
Address: 9101 SHAWN AVE  
City-St-Zip: PORT RICHEY, FL 34668

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: MAURICE BOWLER

T

02/02/2009

Electronic Signature of Signing Officer or Director

Date