

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001753

FILED
Jan 23, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: CALDWELL, BRUCE
Address: 9133 ROBERT AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: S
Name: COLLINS, CATHERINE
Address: 9120 ROBERT AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: RHEINSMITH, CHARLES
Address: 9037 RAWLINS, AVE.
City-St-Zip: PORT RICHEY, FL 34688

Title: D
Name: DAYTON, WALTER
Address: 9117 KILEEN AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: VP
Name: THOMAS, LLOYD
Address: 9125 ROBERT AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: T
Name: BOWLER, MAURICE
Address: 9101 SHAWN AVE
City-St-Zip: PORT RICHEY, FL 34668

I hereby 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 all other like empowered.

SIGNATURE: MAURICE BOWLER

T

01/23/2010

Electronic Signature of Signing Officer or Director

Date