

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745918 (3)**

1. Corporation Name

**TIPPECANOE VILLAGE HOMEOWNERS ASSOCIATION OF ZEPHYRHILLS, FLORIDA, INC.**



Principal Place of Business

Mailing Address

**34521 IRIS BLVD.  
ZEPHYRHILLS FL 33541**

**34521 IRIS BLVD.  
ZEPHYRHILLS FL 33541**

3. Date Incorporated or Qualified  
**02/12/1979**

3a. Date of Last Report  
**04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-1885807**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLE, STEPHEN D.  
38410 NORTH AVENUE  
ZEPHYRHILLS FL 33540**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**P  
BEAM, JACK  
3453 LILY LANE  
ZEPHYRHILLS FL**

TITLE NAME ☐ DELETE

**VP  
MASSE, PAUL  
3233 DAFFODIL DEL  
ZEPHYRHILLS FL**

TITLE NAME ☐ DELETE

**SVP  
BAVIER, RAYMON  
3324 OSAGE DR  
ZEPHYRHILLS, FL 00000**

TITLE NAME ☐ DELETE

**D  
ERNST, MARIE  
34633 SWEET PEA LANE  
ZEPHYRHILLS, FL 00000**

TITLE NAME ☐ DELETE

**SD  
MEYERS, BONNIE  
3300 DAFFODIL DELL  
ZEPHYRHILLS, FL 00000**

TITLE NAME ☐ DELETE

**TD  
JOHNS, DELORES  
34636 MORNING GLORY GLENN  
ZEPHYRHILLS, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Delores Johns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 4-8-96 813-782-6590*  
Date Daytime Phone #

CR2E037 (12/95)