

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90109 040 ****61.25

DOCUMENT # 745918
 1. Entity Name
 TIPPECANOE VILLAGE HOMEOWNERS ASSOCIATION
 OF ZEPHYRHILLS, FLORIDA, INC.



Principal Place of Business 34521 IRIS BLVD. ZEPHYRHILLS, FL 33541	Mailing Address 34521 IRIS BLVD. ZEPHYRHILLS, FL 33541
--	--

50028911



02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1885807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEFURIO, JAMES
 101 EAST KENNEDY BLVD - SUITE 3000
 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Roundy, James
STREET ADDRESS	3330 Carnation Lane
CITY-ST-ZIP	Zephyrhills, Fla 33541
TITLE	T
NAME	Johnson, Irene
STREET ADDRESS	34711 Lily Lane
CITY-ST-ZIP	Zephyrhills, Florida 33541
TITLE	VP
NAME	Anderson, Pat
STREET ADDRESS	34536 Rosebud Row
CITY-ST-ZIP	Zephyrhills, Florida 33541
TITLE	2nd VP
NAME	Charlie Smith
STREET ADDRESS	34542 Morning Glory Glen
CITY-ST-ZIP	Zephyrhills, Florida 33541
TITLE	S
NAME	Calhoun, Donna
STREET ADDRESS	34705 Sweetpea Lane
CITY-ST-ZIP	Zephyrhills, Florida 33541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: James Roundy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-05 782 2055
 Date Daytime Phone #

JAMES ROUNDY PRES. THOA