

**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 _____

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

(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

X3-1405 X 782 2055
Date Daytime Phone #

JAMES ROUNDY PRES. THOA