

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90035 014 \*\*\*\*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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-1885807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEFURIO, JAMES  
101 EAST KENNEDY BLVD - SUITE 3000  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROUNDY, JAMES	
STREET ADDRESS	3330 CARNATION LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ROY	
STREET ADDRESS	34711 LILLY LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, PAT	
STREET ADDRESS	34536 ROSEBUD ROW	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, JAMES	
STREET ADDRESS	34705 ROSEBUD ROW	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALHOUN, DONNA	
STREET ADDRESS	34705 SWEETPEA LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BAUIER, KAREN	
STREET ADDRESS	3324 OSAGE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Irene	
STREET ADDRESS	34711 Lilly Lane	
CITY-ST-ZIP	Zephyrhills, Florida 33541	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Clinton	
STREET ADDRESS	34617 Rosebud Row	
CITY-ST-ZIP	Zephyrhills, fl. 33541	
TITLE	2 VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlie Smith	
STREET ADDRESS	34542 Morning Glory Glen	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]*

2-20-06 813 782 2055