2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#745918

FILED Feb 09, 2009 Secretary of State

Entity Name: TIPPECANOE VILLAGE HOMEOWNERS ASSOCIATION OF ZEPHYRHILLS, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 34521 IRIS BLVD. ZEPHYRHILLS, FL 33541 **Current Mailing Address: New Mailing Address:** 34521 IRIS BLVD. ZEPHYRHILLS, FL 33541 FEI Number: 59-1885807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DEFURIO, JAMES DEFURIO, JAMES 201 EAST KENNEDY BLVD - SUITE 775 101 EAST KENNEDY BLVD TAMPA, FL 33602 SUITE 3000 TAMPA, FL 33602 US 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: 02/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROUNDY, JAMES Name: Name: 3330 CARNATION LANE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, IRENE Name: Name: Address: 34711 LILLY LANE Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: Title: () Delete Title: () Change () Addition COLLINS, CLINTON Name: Name: 34617 ROSEBUD ROW Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: Title: 2VP () Delete Title: 2VP (X) Change () Addition Name: SMITH, CHARLIE Name: BAVIER, KAREN 34542 MORNING GLORY GLEN Address: Address: 3324 OSAGE DR City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ZEPHYRHILLS, FL 33541 Title: () Delete Title: () Change () Addition MASON, DIANE Name: Name: 34637 PETUNIA PLACE Address: Address: ZEPHYRHILLS, FL 33541 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES R ROUNDY P 02/09/2009