

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 768743

FILED
Nov 02, 2004
Secretary of State**Entity Name:** TUPELO RIDGE HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**PO BOX 1053
CRAWFORDVILLE, FL 32327 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 1053
CRAWFORDVILLE, FL 32327 US**New Mailing Address:****FEI Number:** 59-2908557 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**MCKINNEY, KIMBERLY
193 TUPELO DR
CRAWFORDVILLE, FL 32327 US**Name and Address of New Registered Agent:**LEPP, GORDON E
P. O. BOX 1826
CRAWFORDVILLE, FL 32326 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: GORDON E. LEPP

11/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHUFF, JOHN,
Address: RT. 2 BOX 4953
City-St-Zip: CRAWFORDVILLE, FL

Title: SD () Delete
Name: MCKINNEY, KIMBERLY
Address: 193 TUPELO DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VPD () Delete
Name: DEMPSEY, DONALD E
Address: 25 IRONWOOD CT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DT (X) Delete
Name: MCKENZIE, JOHN M
Address: 122 TUPELO DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PD (X) Delete
Name: LEPP, GORDON
Address: P O BOX 1826
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAPPS, DANNY
Address: 122 TUPELO DR.
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VPD (X) Change () Addition
Name: SIMPSON, JONATHON
Address: 24 BLACK GUM CT
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DT (X) Change () Addition
Name: LEPP, GORDON E
Address: P. O. BOX 1826
City-St-Zip: CRAWFORDVILLE, FL 32326 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GORDON E. LEPP

DT

11/02/2004

Electronic Signature of Signing Officer or Director

Date