2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2007
Secretary of State

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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:

24 IRON WOOD CT
CRAWFORDVILLE, FL 32327 US

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 ( )**

Name and Address of Current Registered Agent:

LEPP, GORDON E
2701 CRAWFORDVILLE HWY
215
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

LEPP, GORDON E
21 BLACK GUM CT
CRAWFORDVILLE, FL 32327 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 LEPP 04/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: SEC ( ) Delete
Name: WALTON, ROGER D
Address: 24 IRONWOOD CT
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DT ( ) Delete
Name: LEPP, GORDON E
Address: 2701 CRAWFORDVILLE HWY #215
City-St-Zip: CRAWFORDVILLE, FL 32327 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change ( ) Addition
Name: LEPP, GORDON E
Address: 21 BLACK GUM CT.
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GORDON LEPP DT 04/01/2007
Electronic Signature of Signing Officer or Director Date