

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755030 (4)

1. Corporation Name
**WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business Mailing Address
1401 FOREST HILLS DRIVE WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified **11/06/1980** 3a. Date of Last Report **02/15/1995**
4. FEI Number **59-2377316** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent
**KOVEL, MARVIN
1425 SPALDING RD.
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PO | <input type="checkbox"/> DELETE |
| NAME | KOVEL, MARVIN | |
| STREET ADDRESS | 1425 SPALDING RD. | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CALLIHAN, PAUL | |
| STREET ADDRESS | 1210 WINTER SPRINGS BLVD | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | HEMPHILL, JOHN | |
| STREET ADDRESS | 1416 BORG LN | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MORRONE, FRANK | |
| STREET ADDRESS | 1448 SPALDING RD | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FORD, MARGARET | |
| STREET ADDRESS | 1446 SPALDING RD. | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SPAFFORD, HELEN | |
| STREET ADDRESS | 730 ADIDAS RD | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | SD |
| 4.3 STREET ADDRESS | ELINOR BIRD |
| 4.4 CITY-ST-ZIP | 710 WILSON ROAD WINTER SPRINGS, FL 32708 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** *Marvin Kovel* 6/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (3/96)