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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
1401 FOREST HILLS DRIVE WINTER SPRINGS FL 32708-3815

3. Date Incorporated or Qualified 11/06/1980  
3a. Date of Last Report 08/24/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

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 MARVIN KOVEL *Marvin Kovel* 1/10/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	KOVEL, MARVIN	1.2 NAME	OTT, CATHERINE
STREET ADDRESS	1425 SPALDING RD.	1.3 STREET ADDRESS	1475 CONNORS LANE
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	VD	2.1 TITLE	
NAME	CALLIHAN, PAUL	2.2 NAME	
STREET ADDRESS	1210 WINTER SPRINGS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	HEMPHILL, JOHN	3.2 NAME	
STREET ADDRESS	1416 BORG LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BIRD, EIJLOR	4.2 NAME	
STREET ADDRESS	710 WILSON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FORD, MARGARET	5.2 NAME	
STREET ADDRESS	1446 SPALDING RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SPAFFORD, HELEN	6.2 NAME	
STREET ADDRESS	730 ADIDAS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARVIN KOVEL *Marvin Kovel* 1/10/97 409-365-7765  
Signature, typed or printed name of signing officer or director Date Devtime Phone # 0012972

CR2E037 (9/96)