

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90001 015 ****61.25

DOCUMENT # 755030

1. Entity Name

WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA HOMEOWNERS

Principal Place of Business

Mailing Address

**1401 FOREST HILLS DRIVE
 WINTER SPRINGS FL 32708**

**1401 FOREST HILLS DRIVE
 WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2377316

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COE, C A
 787 EVERT CT
 WINTER SPRINGS FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **PIROZZI, BARBARA**
 STREET ADDRESS **764 DUNLAP CIR**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **CALLIHAN, PAUL**
 STREET ADDRESS **1210 WINTER SPRINGS BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **D** Change Addition
 NAME **MICHELLE STUNICH**
 STREET ADDRESS **768 DUNLAP CIRCLE**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** Delete
 NAME **GRIFFITH, DONALD**
 STREET ADDRESS **1426 FOREST HILLS DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** Change Addition
 NAME **ERNEST VODA**
 STREET ADDRESS **743 WILSON RD**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** Delete
 NAME **FORD, MARGARET**
 STREET ADDRESS **1446 SPALDING RD.**
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SPAFFORD, HELEN**
 STREET ADDRESS **730 ADIDAS RD**
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **LORD, SR JAMES M**
 STREET ADDRESS **1411 BORG LANE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **Vice President, Treasurer** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **X SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

Daytime Phone #

CR2E037 (10/00)