

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90038 005 \*\*\*\*61.25

**DOCUMENT # 755030**

1. Entity Name

**WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1401 FOREST HILLS DRIVE  
 WINTER SPRINGS FL 32708

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 WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2377316**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PIROZZI, BARBARA</b>	
STREET ADDRESS	<b>764 DUNLAP CIR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STUNICH, MICHELLE</b>	
STREET ADDRESS	<b>768 DUNLAP CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VODA, ERNEST</b>	
STREET ADDRESS	<b>743 WILSON RD</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FORD, MARGARET</b>	
STREET ADDRESS	<b>1446 SPALDING RD.</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPAFFORD, HELEN</b>	
STREET ADDRESS	<b>730 ADIDAS RD</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LORD, SR JAMES M</b>	
STREET ADDRESS	<b>1411 BORG LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	

TITLE	<b>VICE President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEFFERY MAYER</b>	
STREET ADDRESS	<b>1425 FOREST HILLS</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS</b>	
TITLE	<b>JOHN HANNAH</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN HANNAH</b>	
STREET ADDRESS	<b>1420 TANNER LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	
TITLE	<b>KEVIN BEAVER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEVIN BEAVER</b>	
STREET ADDRESS	<b>1417 TANNER LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	
TITLE	<b>MARYLYN Utegaard</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARYLYN Utegaard</b>	
STREET ADDRESS	<b>797 Austin Court</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ruth HEMPHILL</b>	
STREET ADDRESS	<b>799 AUSTIN COURT</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	

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: *[Signature]*

CR2E037 (9/01)