


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

07-12-2006 90003 041 ****61.25

DOCUMENT # 755030

1. Entity Name
 WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 % 715 WILSON RD
 WINTER SPRINGS, FL 32708

Mailing Address
 % 715 WILSON RD
 WINTER SPRINGS, FL 32708

66023685



2. Principal Place of Business
 c/o EPM Services

3. Mailing Address
 c/o EPM Services

Suite, Apt. # etc.
 165 S. L 434

Suite, Apt. # etc.
 Winter Springs, FL

07052006 Chg-NP CR2E037 (4/06)

City & State
 165 S. L 434 Winter Springs, FL

City & State
 Winter Springs, FL

4. FEI Number
 59-2377316

Applied For
 Not Applicable

Zip
 32708

Country
 Seminole

Zip
 32708

Country
 Seminole

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL ASSOCIATION MANAGEMENT COMPANY
 165 W. SR. 434
 WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name: EPM Services

Street Address (P.O. Box Number is Not Acceptable)
 PO Box 182043 165 SR 434

City: Winter Springs FL Zip Code: 32708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] DATE: 07/05/06

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EDWARDS, MARTHA 715 WILSON RD WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOM BROWN 717 ADIDAS RD. WINTER SPRINGS, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BELASTO, RICHARD 1448 FOREST HILLS DR WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDP BARBARA SHERMAN 1437 SPALDING RD. WINTER SPRINGS, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RUGGLES, TOM 1477 CONNORS LANE WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MAZ SWAIN 719 ADIDAS RD. WINTER SPRINGS, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATSON, CRYSTAL 717 WILSON RD WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLIFF COLLINS 720 ADIDAS RD. WINTER SPRINGS, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STEVENS, AUDREY 705 WILSON RD WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JEFF MAYER 1425 FOREST HILLS WINTER SPRINGS, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BILLONI, ROBERT 1460 CONNORS LN WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] DATE: 07/05/06 DAYTIME PHONE: 407-327-5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR