

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 27 AM 8:24

DOCUMENT # 755030

1. Corporation Name

WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA
HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

931 S. SEMORAN BLVD

3. Mailing Office Address

931 S. SEMORAN BLVD

Suite, Apt. #, etc.

214

Suite, Apt. #, etc.

214

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32792

Country

ORANGE

Zip

Country

REINSTATEMENT 12

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

11/6/1980

5. FEI Number

592377316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HARA MANAGEMENT INC

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

931 S. SEMORAN BLVD.

Suite, Apt. #, Etc.

SUITE 214

City

WINTER PARK

State

FL

Zip Code

32792

300221251543
02/09/12--01026--014 **236.25

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

Date 2-20-12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DARLENE M. PETERSON	1421 FOREST HILLS DRIVE	WINTER SPRINGS, FL 32708
VP	BRIAN WALLACE	748 DUNLAP CIRCLE	WINTER SPRINGS, FL 32708
T	SCOTT BECK	303 PINE SHADOW LANE	LAKE MARY, FL 32746
S	ANNE COMBS	1428 FOREST HILLS DRIVE	WINTER SPRINGS, FL 32708
D	JAMES M. HENDRICKS	749 WILSON ROAD	WINTER SPRINGS, FL 32708
D	BARBARA M. REUTER	1445 FOREST HILLS DRIVE	WINTER SPRINGS, FL 32708

10. E-mail Address: MKING@HARAMANAGEMENT.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] Scott Beck, Treasurer

2-6-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 28 2012