FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739253** **(3)**

1. Corporation Name

WEDGEWOOD GOLF VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5637 RED BUG LAKE ROAD P O BOX 3454 CASSELBERRY FL 32708	5637 RED BUG LAKE ROAD P O BOX 3454 CASSELBERRY FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1939674 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 Wedgewood Golf Villas	26 Wedgewood Golf Villas
Suite, Apt. #, etc. 22 PO Box 3454	Suite, Apt. #, etc. 27 PO Box 3454
City & State 23 Winter Springs, FL	City & State 28 Winter Springs, FL
Zip / Country 24 32708-4229 25 USA	Zip / Country 29 32708-4229 30 USA

9. Name and Address of Current Registered Agent

WIXTED THOMAS A.
957 WEDGEWOOD DR.
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: John Pitts
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1303 Partridge Way
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John C Pitts — 4/17/95
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	VD	11 TITLE	P/D	[X] Change ☐ Addition
NAME	HOLMWOOD, VINCE	12 NAME	Pitts, John	
STREET ADDRESS	1136 DAPPLED ELM LN	13 STREET ADDRESS	1303 Partridge Way	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	14 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VP	21 TITLE	V/D	[X] Change ☐ Addition
NAME	GANOUDIS CHARLES L.	22 NAME	Correll, Jerry	
STREET ADDRESS	930 WEDGEWOOD DR.	23 STREET ADDRESS	934 Wedgewood Drive	
CITY ST ZIP	WINTER SPRINGS FL 32708	24 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	S	31 TITLE	S/D	[X] Change ☐ Addition
NAME	PITTS JOHN	32 NAME	Soper, Norman	
STREET ADDRESS	1303 PARTRIDGE WAY	33 STREET ADDRESS	951 Wedgewood Drive	
CITY ST ZIP	WINTER SPRINGS FL 32708	34 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	T	41 TITLE	T	[X] Change ☐ Addition
NAME	WIXTED THOMAS	42 NAME	Wixted, John	
STREET ADDRESS	957 WEDGEWOOD DR.	43 STREET ADDRESS	1115 Dappled Elm Lane	
CITY ST ZIP	WINTER SPRINGS FL 32708	44 CITY ST ZIP	Winter Springs, FL 32708	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	5/16/19	
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John C Pitts — 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030765