

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **739253** (3)

1. Corporation Name

WEDGEWOOD GOLF VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**WEDGEWOOD GOLF VILLAS
P O BOX 3454
WINTER SPRINGS FL 32708-4229
US**

**WEDGEWOOD GOLF VILLAS
P O BOX 3454
WINTER SPRINGS FL 32708-4229
US**

2. Principal Place of Business

21 2170 SR 434 W

**22 Suite, Apt. #, etc.
Ste 384**

**23 City & State
Longwood FL**

24 Zip 32779 25 Country USA

2a. Mailing Address

26 2170 SR 434 W

**27 Suite, Apt. #, etc.
Ste 384**

**28 City & State
Longwood FL**

29 Zip 32779 30 Country USA

3. Date Incorporated or Qualified

06/10/1977

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOPER, NORMAN
951 WEDGEWOOD DR
WINTER SPGS FL 32708**

81 Name Marilyn Campbell

**82 Street Address (P.O. Box Number is Not Acceptable)
2170 SR 434 W**

83 Ste 384

84 City Longwood

FL 85 Zip Code 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Marilyn Campbell

4/2/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SOPER, NORMAN**
STREET ADDRESS **951 WEDGEWOOD DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **PD** ☒ DELETE
NAME **CORRELL, JERRY**
STREET ADDRESS **934 WEDGEWOOD DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **SD** ☐ DELETE
NAME **GERMAIN, DOLORES**
STREET ADDRESS **939 WEDGEWOOD DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **TD** ☒ DELETE
NAME **TURNER, EDWARD**
STREET ADDRESS **926 WEDGEWOOD DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **VPD** ☐ DELETE
NAME **GOEDDE, GUS**
STREET ADDRESS **973 WEDGEWOOD DR**
CITY-ST-ZIP **WINTER SPGS FL**

TITLE **TD** ☒ DELETE
NAME **WILSON, JOHN**
STREET ADDRESS **1004 WEATHERED WOOD CIR**
CITY-ST-ZIP **WINTER SPGS FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Epps, Clyde**
1.3 STREET ADDRESS **957 Wedgewood Dr**
1.4 CITY-ST-ZIP **Winter Springs FL 32708**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Booth, William**
2.3 STREET ADDRESS **1107 Dappled Elm Lane**
2.4 CITY-ST-ZIP **Winter Springs FL 32708**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Roberts, Earl**
3.3 STREET ADDRESS **975 Wedgewood Dr**
3.4 CITY-ST-ZIP **Winter Springs FL 32708**

4.1 TITLE **PD** ☐ Change ☒ Addition
4.2 NAME **Pitts, John**
4.3 STREET ADDRESS **1303 Partridge Way**
4.4 CITY-ST-ZIP **Winter Springs FL 32708**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Sarrett, Modjo Rean**
5.3 STREET ADDRESS **903 Cypress Wood Court**
5.4 CITY-ST-ZIP **Winter Springs FL 32708**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Franco, Jane**
6.3 STREET ADDRESS **1103 Dappled Elm Lane**
6.4 CITY-ST-ZIP **Winter Springs FL 32708**

14. 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 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:

G. Goedde **A. G. Goedde**

4-22-98

407 562-2250

CR2E037 (10/97)