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FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755030** (4)

1. Corporation 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**



3. Date Incorporated or Qualified

11/06/1980

4. FEI Number

59-2377316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOVEL, MARVIN
1425 SPALDING RD.
WINTER SPRINGS FL 32708**

81 Name

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

83

84 City

FL

85 Zip Code

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

Marvin Kovel
Signature, typed or printed name of registered agent and title if applicable

(MARVIN KOVEL)
(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE

NAME **OTT, CATHERINE**
STREET ADDRESS **1475 CONNORS LN**
CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE **VD** ☐ DELETE

NAME **CALLIHAN, PAUL**
STREET ADDRESS **1210 WINTER SPRINGS BLVD**
CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE **ST** ☒ DELETE

NAME **HEMPHILL, JOHN**
STREET ADDRESS **1416 BORG LN**
CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **FORD, MARGARET**
STREET ADDRESS **1446 SPALDING RD.**
CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **SPAFFORD, HELEN**
STREET ADDRESS **730 ADDAS RD**
CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**DT
CM.COM
797 EVERT COURT
WINTER SPRINGS, FL 32708**

**D
JAMES M. LORR, Sr.
880 BRUNSWICK LANE
ROCKLEDGE, FL 32955**

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:

Margaret L. Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98
Date

(407) 365-7745
Telephone Number

0012771

CR2E037 (10/97)