

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90042 003 ****61.25

DOCUMENT # 739253

1. Corporation Name

**WEDGEWOOD GOLF VILLAS OF TUSCAWILLA HOMEOWNERS'
ASSOCIATION, INC.**

Principal Place of Business

190 NORTH WESTMONTE DRIVE #100
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

~~2170 SR 434~~
~~STE 304~~
~~LONGWOOD FL 32779~~
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

190 N WESTMONTE DR STE 100
ALTAMONTE SPRINGS FL 32714

28 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

CAMPBELL, MARILYN
~~22170 SR 434 W~~
~~STE 304~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81 Name

82 190 N WESTMONTE DR STE 100
83 ALTAMONTE SPRINGS FL 32714

84

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D ☐ DELETE
NAME BOOTH, WILLIAM
STREET ADDRESS 1107 DAPPLED ELM LN
CITY-ST-ZIP INTER PGS FL 32708

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

TITLE TD ☐ DELETE
NAME PITTS, JOHN
STREET ADDRESS 1303 PARTRIDGE WAY
CITY-ST-ZIP WINTER SPGS FL 32708

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

TITLE D ☐ DELETE
NAME FRANCO, JANE
STREET ADDRESS ~~1103 DAPPLED EL LN~~
CITY-ST-ZIP WINTER SPGS FL 32708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 V/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 D ☐ Change ☒ Addition
4.2 NAME SARRETT, MODJA REAU
4.3 STREET ADDRESS 903 CYPRESS WOOD CT
4.4 CITY-ST-ZIP WINTER SPRINGS FL 32708

5.1 TITLE V/D ☒ 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 1115 PHEASANT CIR
6.4 CITY-ST-ZIP

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99 407-365-8217

CR2E037 (1/98)