

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90004 023 ****61.25

DOCUMENT #739253

1. Entity Name:

Wedgewood Golf Villas of Tuscanilla Homeowners Assoc. Inc

Principal Place of Business

190 N. Westmonte Dr. #100
Altamonte Springs FL 32714
USA

Mailing Address

190 N. Westmonte Dr. #100
Altamonte Springs FL 32714
USA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1939674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0070827

6. Name and Address of Current Registered Agent

Campbell, Marilyn
190 N. Westmonte Dr.
Ste 100
Altamonte Springs FL 32714

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Soper, Norman	
STREET ADDRESS	951 Wedgewood Drive	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Booth, William	
STREET ADDRESS	1107 Dappled Elm Lane	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Germain, Dolores	
STREET ADDRESS	929 Wedgewood Drive	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Pitts, John	
STREET ADDRESS	1303 Partridge Way	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Goeddes, Gus	
STREET ADDRESS	973 Wedgewood Drive	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Franco, Jane	
STREET ADDRESS	1115 Pleasant Circle	
CITY-ST-ZIP	Winter Springs FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Araujo, Camille	
STREET ADDRESS	1114 Dappled Elm Lane	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Dorothy	
STREET ADDRESS	1126 Dappled Elm Lane	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leckie, William	
STREET ADDRESS	1137 Dappled Elm Lane	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Sandra	
STREET ADDRESS	905 Cypress Woods Ct.	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kane, Ronald	
STREET ADDRESS	906 Cypress Woods Ct.	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ubel, Debra	
STREET ADDRESS	907 Cypress Woods Ct.	
CITY-ST-ZIP	Winter Springs FL 32708	

12. 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 report or supplemental report is true and accurate and that no 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Pitts **SEO/TRGA**

John Pitts

5-22-01

407-862-2256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)