

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739253

FILED
Apr 16, 2004
Secretary of State**Entity Name:** WEDGEWOOD GOLF VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**225 S. WESTMONTE DR.
SUITE 2050
ALTAMONTE SPRINGS, FL 32714 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 161606
ALTAMONTE SPRINGS, FL 327161606 US**New Mailing Address:**P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US**FEI Number:** 59-1939674**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
SUITE 2050
ALTAMONTE SPRINGS, FL 32714**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: ARAUJO, CARNILLE
Address: 1114 DAPPLE ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** D () Delete
Name: KLEIN, DOROTHY
Address: 1126 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** SD () Delete
Name: GERMAIN, DOLORES
Address: 939 WEDGEWOOD DR
City-St-Zip: WINTER SPRINGS, FL**Title:** D () Delete
Name: UBEL, DEBBIE
Address: 907 CYPRESS WOODS COURT
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** VD () Delete
Name: LECKIE, WILLIAM
Address: 1137 DAPPLE ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** DST () Delete
Name: THOMPSON, SANDRA
Address: 905 CYPRESS WOODS CT
City-St-Zip: WINTER SPRINGS, FL 32708**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: JONES, MARK
Address: 931 WEDGEWOOD DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (X) Change () Addition
Name: GERMAIN, DOLORES
Address: 939 WEDGEWOOD DR
City-St-Zip: WINTER SPRINGS, FL**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DP (X) Change () Addition
Name: TURNER, ED
Address: 926 WEDGEWOOD DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED TURNER

P

04/16/2004

Electronic Signature of Signing Officer or Director

Date

KALYN YEAGER, D
1123 DAPPLED ELM LANE
WINTER SPRINGS, FL 32708