2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# 739253

Entity Name: WEDGEWOOD GOLF VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DR.
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

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 3310
ALTAMONTE SPRINGS, FL 32714 US

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: PD ( ) Delete
Name: SANNELLA, KIM
Address: 905 CYPRESS WOODS COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP/T ( ) Delete
Name: MUMEY, CLAIR
Address: 1122 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL

Title: DS ( ) Delete
Name: MILLER, LINDA
Address: 925 WEDGEWOOD DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: THOMPSON, SANDY
Address: 1103 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change ( ) Addition
Name: PROVOST, SUE
Address: 1133 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS (X) Change ( ) Addition
Name: THOMPSON, SANDY
Address: 1103 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change ( ) Addition
Name: HAYES, TANYA
Address: 925 WEDGEWOOD DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Change (X) Addition
Name: NEWMAN, ELAINE
Address: 1119 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KIM SANNELLA PD 01/25/2008
Electronic Signature of Signing Officer or Director — Date