

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739253

FILED
Apr 28, 2009
Secretary of State

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: PROVOST, SUE
Address: 1133 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GERMAIN, GUY
Address: 939 WEDGEWOOD DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DV (X) Change () Addition
Name: HOLMWOOD, CHERIE
Address: 1136 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DST (X) Change () Addition
Name: BURFORD, YVETTE
Address: 929 WEDGEWOOD DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change () Addition
Name: SCHEUER, WILLIAM
Address: 963 WEDGEWOOD DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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

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: GUY GERMAIN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date