

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739253

Entity Name: WEDGEWOOD GOLF VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 29, 2021
Secretary of State
7679094784CC**Current Principal Place of Business:**323 CIRCLE DR
MAITLAND, FL 32751**Current Mailing Address:**323 CIRCLE DR
MAITLAND, FL 32751 US**FEI Number: 59-1939674****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VISTA COMMUNITY ASSOCIATION MANAGEMENT
323 CIRCLE DR
MAITLAND, FL 32751 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	GINZL, PAUL C
Address	323 CIRCLE DR
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	BERNOSKIE, CATHRYN
Address	323 CIRCLE DR
City-State-Zip:	MAITLAND FL 32751

Title	TREASURER
Name	HOLMWOOD, CHERIE
Address	323 CIRCLE DR
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	CHASE, TERESIA
Address	323 CIRCLE DR
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	GARCIA, ROBERT
Address	323 CIRCLE DR
City-State-Zip:	MAITLAND FL 32751

I hereby 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 all other like empowered.

SIGNATURE: PAUL GINZL**PRESIDENT****04/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date