

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755030

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

FILED
Mar 03, 2021
Secretary of State
6548692410CC

Current Principal Place of Business:

C/O HMI
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750

Current Mailing Address:

C/O HMI
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750 US

FEI Number: 59-2377316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HMI
C/O HMI
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750 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: LORIE FULKES

03/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WALLACE, BRIAN
Address C/O HMI
 760 FLORIDA CENTRAL PKWY SUITE
 #200
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name KELLICUT, SUSAN L
Address C/O HMI
 760 FLORIDA CENTRAL PKWY SUITE
 #200
City-State-Zip: LONGWOOD FL 32750

Title VP
Name ZWISSLER, CHESTER J. JR.
Address C/O HMI
 760 FLORIDA CENTRAL PKWY SUITE
 #200
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name THOMAS, FRED
Address C/O HMI
 760 FLORIDA CENTRAL PKWY SUITE
 #200
City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name FRANK, BONNIE L
Address C/O HMI
 760 FLORIDA CENTRAL PKWY SUITE
 #200
City-State-Zip: LONGWOOD FL 32750

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: BRIAN WALLACE

PRESIDENT

03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date