

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755030

**Entity Name:** WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA  
HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC9729431429****Current Principal Place of Business:**760 FLORIDA CENTRAL PKWY  
SUITE # 212  
LONGWOOD, FL 32750**Current Mailing Address:**760 FLORIDA CENTRAL PKWY  
SUITE # 212  
LONGWOOD, FL 32750 US**FEI Number: 59-2377316****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HARA COMMUNITY 1ST ADVISORS LLC  
760 FLORIDA CENTRAL PKWY  
SUITE # 212  
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: RICHARD MICHAUD****04/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** WALLACE, BRIAN  
**Address** 760 FLORIDA CENTRAL PKWY  
SUITE # 212  
**City-State-Zip:** LONGWOOD FL 32750**Title** DIRECTOR  
**Name** THOMAS, FRED  
**Address** 760 FLORIDA CENTRAL PKWY  
SUITE # 212  
**City-State-Zip:** LONGWOOD FL 32750**Title** VP  
**Name** ZWISSLER, CHESTER J. JR.  
**Address** 760 FLORIDA CENTRAL PKWY  
SUITE # 212  
**City-State-Zip:** LONGWOOD FL 32750**Title** TREASURER  
**Name** REUTER, BARBARA M  
**Address** 760 FLORIDA CENTRAL PKWY  
SUITE # 212  
**City-State-Zip:** LONGWOOD FL 32750**Title** SECRETARY  
**Name** KELLCUT, SUSAN L  
**Address** 760 FLORIDA CENTRAL PKWY  
SUITE # 212  
**City-State-Zip:** LONGWOOD FL 32750**Title** DIRECTOR  
**Name** STORY, MARY ELAINE  
**Address** 760 FLORIDA CENTRAL PKWY  
SUITE # 212  
**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****04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date