## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 755030** 

Entity Name: WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA

HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:** 

931 S. SEMORAN BLVD.

SUITE 214

WINTER PARK, FL 32792

**Current Mailing Address:** 

931 S. SEMORAN BLVD.

SUITE 214

WINTER PARK, FL 32792 US

FEI Number: 59-2377316 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARA MANAGEMENT, INC. 931 S. SEMORAN BLVD. SUITE 214

WINTER PARK, FL 32792 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 VP Title F

Name SOLOMON, DOREEN E Name WALLACE, BRIAN

Address 931 S. SEMORAN BLVD- STE 214 Address 931 S. SEMORAN BLVD- STE 214

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR Title S

Name REUTER, BARBARA M Name COMBS, ANNE

Address 931 S. SEMORAN BLVD- STE 214 Address 931 S. SEMORAN BLVD- STE 214

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: WINTER PARK FL 32792

Title D Title TREASURER

Name THOMAS, FRED Name FITZGERALD, GERALD J

Address 931 S. SEMORAN BLVD- STE 214 Address 931 S. SEMORAN BLVD- STE 214

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: WINTER PARK FL 32792

Title D

Name VELEZ, LOUIS

Address 931 S. SEMORAN BLVD.

SUITE 214

City-State-Zip: WINTER PARK FL 32792

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 03/04/2015

FILED Mar 04, 2015

**Secretary of State** 

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