

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755030

**Entity Name:** WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA  
HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Mar 09, 2022**  
**Secretary of State**  
**6006504240CC****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****03/09/2022**

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	KELLCUT, 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	PRIEST, SHAELYN
Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

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

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

Title	DIRECTOR
Name	PHILLIPS, WALTER
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****03/09/2022**

