


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90088 045 ****61.25

DOCUMENT # 755030 1. Entity Name WEDGEWOOD TENNIS VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O EPM SERVICES 165 SR 434 WINTER SPRINGS, FL 32708			Mailing Address C/O EPM SERVICES 165 SR 434 WINTER SPRINGS, FL 32708		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2377316	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EPM SERVICES 165 W. SR. 434 WINTER SPRINGS, FL 32708				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, TOM		NAME		
STREET ADDRESS	717 ADIDAS RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHERMAN, BARBARA		NAME	VP	
STREET ADDRESS	1437 SPALDING RD		STREET ADDRESS	Bill Boardman	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	760 Dunlap Drive	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWAIN, KAZ		NAME	TD	
STREET ADDRESS	719 ADIDAS RD		STREET ADDRESS	Swaim, Max	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	719 Adidas Road	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, CLIFF		NAME		
STREET ADDRESS	720 ADIDAS RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAYER, JEFF		NAME	D	
STREET ADDRESS	1425 FOREST HILLS		STREET ADDRESS	Don Kaplan	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	775 Dunlap Drive	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VP	
STREET ADDRESS			STREET ADDRESS	Pat Kaerberlein	
CITY-ST-ZIP			CITY-ST-ZIP	1433 Forest Hills Drive	
				Winter Springs, FL 32708	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Not to be signed</i>			Date <i>1/17/07</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					