

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00827 (8)**
1. Corporation Name

CASA PARK VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
266 WILSHIRE BLVD. STE. 110 CASSELBERRY FL 32707 US
266 WILSHIRE BLVD. STE 110 CASSELBERRY FL 32707 US

3. Date Incorporated or Qualified **01/10/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2526575** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FOWLER, KIMBERLY
266 WILSHIRE BLVD.
STE. 110
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURSIN, CARRIE	1.2 NAME	
STREET ADDRESS	1394 AYERSWOOD CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIMBOLI, NANCY	2.2 NAME	D
STREET ADDRESS	615 CASA PARK COURT B	2.3 STREET ADDRESS	Sturges, Shelly
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	1303 Park Villa Place Winter Springs, FL
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEMMILL, NANCY	3.2 NAME	
STREET ADDRESS	1380 CASA PARK CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONURA, ETHEL	4.2 NAME	
STREET ADDRESS	600 CASA PARK CT. M	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWICK, ANNE	5.2 NAME	
STREET ADDRESS	1371 CASA PARK CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UHLIR, JIM	6.2 NAME	D
STREET ADDRESS	605 CASA PARK CT. B	6.3 STREET ADDRESS	Busch, Robert G
CITY-ST-ZIP	WINTER SPRINGS FL	6.4 CITY-ST-ZIP	314 Pawnee Trail Winter Springs, FL

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carrie Coursin 4-16-96 407-366-1423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)