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May 20 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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 32707-5361 US

3. Date Incorporated or Qualified 01/10/1984
3a. Date of Last Report 05/01/1996
4. FEI Number 69-2526575 Applied For Not Applicable
6. 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
TITLE PD COURSIN, CARRIE DELETED
NAME 1394 AYERSWOOD CT.
STREET ADDRESS WINTER SPRINGS FL
CITY-ST-ZIP
TITLE D SSTURGES, SHELLY DELETED
NAME 1303 PARK VILLA PL
STREET ADDRESS WINTER SPRINGS FL
CITY-ST-ZIP
TITLE SD GEMMILL, NANCY DELETED
NAME 1380 CASA PARK CIRCLE
STREET ADDRESS WINTER SPRINGS FL
CITY-ST-ZIP
TITLE YD BONURA, ETHEL DELETED
NAME 600 CASA PARK CT. M
STREET ADDRESS WINTER SPRINGS FL
CITY-ST-ZIP
TITLE D CHADWICK, ANNE DELETED
NAME 1371 CASA PARK CIRCLE
STREET ADDRESS WINTER SPRINGS FL
CITY-ST-ZIP
TITLE VD UHLIR, JIM DELETED
NAME 605 CASA PARK CT. B
STREET ADDRESS WINTER SPRINGS FL
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE V/D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE P/D Change Addition
2.2 NAME Shelly Sturges
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE T/D Change Addition
4.2 NAME Robert Busch
4.3 STREET ADDRESS 314 Pawnee Trail
4.4 CITY-ST-ZIP Winter Springs, FL 32708
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE D Change Addition
6.2 NAME Shirley White
6.3 STREET ADDRESS 314 Pawnee Trail
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, Florida Statutes, and 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 SIGNATURE REQUIRED 4/30/97 407-366-1423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012811

CR2E037 (9/96)

Addition

D
William J Ray
P.O. Box 54
Goldenrod, FL 32733 N/A