


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 266 WILSHIRE BLVD. STE. 110 CASSELBERRY FL 32707 US	Mailing Address 266 WILSHIRE BLVD. STE 110 CASSELBERRY FL 32707 US
---	--

3. Date Incorporated or Qualified 01/10/1984	
4. FEI Number 59-2526575	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COURSIN, CARRIE		1.2 NAME Carrie Coursin	
STREET ADDRESS 1394 AYERSWOOD CT.		1.3 STREET ADDRESS 1394 Ayerswood Ct	
CITY-ST-ZIP WINTER SPRINGS FL		1.4 CITY-ST-ZIP Winter Springs, FL	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STURGES, SHELLY		2.2 NAME Shelly Sturges	
STREET ADDRESS 1303 PARK VILLA PL		2.3 STREET ADDRESS 1303 Park Villa Place	
CITY-ST-ZIP WINTER SPRINGS FL		2.4 CITY-ST-ZIP Winter Springs, FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEMMILL, NANCY		3.2 NAME Gerri Nelson	
STREET ADDRESS 1380 CASA PARK CIRCLE		3.3 STREET ADDRESS 108 Temple Drive	
CITY-ST-ZIP WINTER SPRINGS FL		3.4 CITY-ST-ZIP Longwood, FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSCH, ROBERT		4.2 NAME Shirley Busch	
STREET ADDRESS 314 PAWNEE TRAIL		4.3 STREET ADDRESS 314 Pawnee Trail	
CITY-ST-ZIP WINTER SPRINGS FL		4.4 CITY-ST-ZIP Winter Springs, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHADWICK, ANNE		5.2 NAME 1531 Casa Park Circle	
STREET ADDRESS 1371 CASA PARK CIRCLE		5.3 STREET ADDRESS Winter Springs, FL 32708	
CITY-ST-ZIP WINTER SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, SHIRLEY		6.2 NAME	
STREET ADDRESS 314 PAWNEE TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, upon an attachment with an address.

SIGNATURE: Carrie Coursin **4-3-98** **407-830-7799**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012614

CR2E037 (10/97)