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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00827

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date incorporated or Qualified 01/10/1984 4. FEI Number 59-2526575 Applied For 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
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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 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COURSIN, CARRIE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1394 AYERSWOOD COURT	1.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STURGES, SHELLY	2.2 NAME	Bonura, Ethel
STREET ADDRESS	1303 PARK VILLA PL	2.3 STREET ADDRESS	600 Casa Park Court M
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, GERRI	3.2 NAME	Nelson, Gerri
STREET ADDRESS	108 TEMPLE DRIVE	3.3 STREET ADDRESS	426 Mohave Terrace
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, SHIRLEY	4.2 NAME	
STREET ADDRESS	314 PAWNEEE TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLEE, ED	5.2 NAME	
STREET ADDRESS	1531 CASA PARK CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Nussbaum, Arnold
STREET ADDRESS		6.3 STREET ADDRESS	687 Andover Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Springs, FL 32708

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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Carrie Coursin* **Carrie Coursin** 3-30-99 407-830-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)