

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90227 009 ****61.25

DOCUMENT # N00827

1. Entity Name

CASA PARK VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOC

Principal Place of Business

Mailing Address

266 WILSHIRE BLVD.
 STE. 110
 CASSELBERRY FL 32707
 US

266 WILSHIRE BLVD.
 STE 110
 CASSELBERRY FL 32707-5381
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2526575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER, KIMBERLY
266 WILSHIRE BLVD.
STE. 110
CASSELBERRY FL 32707

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | COURSIN, CARRIE | |
| STREET ADDRESS | 1394 AYERSWOOD COURT | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BONURA, ETHEL | |
| STREET ADDRESS | 600 CASA PARK CT., M | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | NELSON, GERRI | |
| STREET ADDRESS | 426 MOHAVE TERR. | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BUSCH, SHIRLEY | |
| STREET ADDRESS | 314 PAWNEE TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SALLEE, ED | |
| STREET ADDRESS | 1531 CASA PARK CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | NUSSBAUM, ARNOLD | |
| STREET ADDRESS | 687 ANDOVER CIRCLE | |
| CITY-ST-ZIP | WINTER SPGS FL 32708 | |

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONURA, ETHEL | |
| STREET ADDRESS | 600 CASA PARK COURT M | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ZAMBRANO, GINA | |
| STREET ADDRESS | 8348 FORT CLINCH AVE | |
| CITY-ST-ZIP | ORLANDO, FL 32822 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSCH, SHIRLEY | |
| STREET ADDRESS | 314 PAWNEE TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUELLER, MARIAN | |
| STREET ADDRESS | 1300 CASA PARK CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NUSSBAUM, ARNOLD | |
| STREET ADDRESS | 687 ANDOVER CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature
SIGNATURE

Date

Daytime Phone #

3-2900

407-830-7799

CR2E037 (9/99)