


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90417 049 \*\*\*\*61.25

<b>DOCUMENT # N00827</b>	
1. Entity 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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04262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2526575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COURSIN, CARRIE 1394 AYERSWOOD COURT WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONURA, ETHEL 600 CASA PARK CT., M WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSCH, SHIRLEY 314 PAWNEE TRAIL WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, MARIAN 1300 CASA PARK CIR WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERKINS, CAROLINE 602 CASA PARK COURT I WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUSSBAUM, ARNOLD 687 ANDOVER CIRCLE WINTER SPRINGS, FL 32708

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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:** Carrie Coursin Carrie Coursin 4/30/04 407-830-7177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #