


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90162 001 \*\*\*\*61.25

<b>DOCUMENT # N00827</b>					
1. Entity Name <b>CASA PARK VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>266 WILSHIRE BLVD. STE. 110 CASSELBERRY FL 32707 US</b>		Mailing Address <b>266 WILSHIRE BLVD. STE 110 CASSELBERRY FL 32707 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2526575</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent  <b>FOWLER, KIMBERLY 266 WILSHIRE BLVD. STE. 110 CASSELBERRY FL 32707</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COURSIN, CARRIE	NAME	Joanne Wing		
STREET ADDRESS	1394 AYERSWOOD COURT	STREET ADDRESS	1320 Casa Park Circle		
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	<del>Winter Springs, FL 32708</del>		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONURA, ETHEL	NAME			
STREET ADDRESS	600 CASA PARK CT., M	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSCH, SHIRLEY	NAME			
STREET ADDRESS	314 PAWNEEE TRAIL	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MUELLER, MARIAN	NAME	Carole Best		
STREET ADDRESS	1300 CASA PARK CIR	STREET ADDRESS	611 Casa Park Court F		
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	Winter Springs, FL 32708		
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PERKINS, CAROLINE	NAME	Rory Frazier		
STREET ADDRESS	602 CASA PARK COURT I	STREET ADDRESS	609 Casa Park Court M		
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	Winter Springs, FL 32708		
TITLE	D <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NUSSBAUM, ARNOLD	NAME			
STREET ADDRESS	687 ANDOVER CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP			
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: <i>Shirley Busch</i> SHIRLEY BUSCH			Date: 4-6-05 407 8307799		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		