

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2009  
Secretary of State**

DOCUMENT# N00827

**Entity Name:** CASA PARK VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

266 WILSHIRE BLVD.  
STE. 110  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

266 WILSHIRE BLVD.  
STE. 110  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

266 WILSHIRE BLVD.  
STE 110  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

**FEI Number:** 59-2526575      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WING, JOANNE  
Address: 1320 CASA PARK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: BONURA, ETHEL  
Address: 600 CASA PARK CT., M  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: BELTRAN, LOURDES M  
Address: 600 CASA PARK CT. H  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD ( ) Delete  
Name: FRAZIER, RORY J  
Address: 609 CASA PARK CT. M  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD ( ) Delete  
Name: PERKINS, CAROLINE  
Address: 602 CASA PARK COURT I  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD ( ) Delete  
Name: NUSSBAUM, ARNOLD  
Address: 687 ANDOVER CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RORY J FRAZIER

PD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date