

FILED
Jun 16, 2003 8:00 am
Secretary of State


06-16-2003 90137 031 ****61.25

JUL 15 2003

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00827

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 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**

6. Name and Address of Current Registered Agent
**FOWLER, KIMBERLY
 266 WILSHIRE BLVD.
 STE. 110
 CASSELBERRY FL 32707**

7. Name and Address of Now Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COURSIN, CARRIE	
STREET ADDRESS	1394 AYERSWOOD COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BONURA, ETHEL	
STREET ADDRESS	600 CASA PARK CT., M	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUSCH, SHIRLEY	
STREET ADDRESS	314 PAWNEE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLER, MARIAN	
STREET ADDRESS	1300 CASA PARK CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERKINS, CAROLINE	
STREET ADDRESS	802 CASA PARK COURT I	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUSSBAUM, ARNOLD	
STREET ADDRESS	687 ANDOVER CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: SIGNATURE REQUIRED 3-25-03 407-830-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)