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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00827

1. Corporation 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/10/1984

4. FEI Number

59-2526575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COURSIN, CARRIE
STREET ADDRESS 1394 AYERSWOOD COURT
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D
NAME STURGES, SHELLY
STREET ADDRESS 1303 PARK VILLA PL
CITY-ST-ZIP WINTER SPRINGS FL

TITLE VD
NAME NELSON, GERRI
STREET ADDRESS 108 TEMPLE DRIVE
CITY-ST-ZIP LONGWOOD FL

TITLE TD
NAME BUSCH, SHIRLEY
STREET ADDRESS 314 PAWNEE TRAIL
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D
NAME SALLEE, ED
STREET ADDRESS 1531 CASA PARK CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME Bonura, Ethel
2.3 STREET ADDRESS 600 Casa Park Court M
2.4 CITY-ST-ZIP Winter Springs, FL 32708

3.1 TITLE V/D
3.2 NAME Nelson, Gerri
3.3 STREET ADDRESS 426 Mohave Terrace
3.4 CITY-ST-ZIP Lake Mary, FL 32746

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE S/D
6.2 NAME Nussbaum, Arnold
6.3 STREET ADDRESS 687 Andover Circle
6.4 CITY-ST-ZIP Winter Springs, FL 32708

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)