

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00827

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

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC6005569408**

**Current Principal Place of Business:**

225 S WESTMONTE DRIVE  
STE. 3310  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number: 59-2526575**

**Certificate of Status Desired: No**

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

VISTA COMMUNITY ASSOCIATION MANAGEMENT  
225 S WESTMONTE DRIVE  
STE. 3310  
ALTAMONTE SPRINGS, FL 32714 US

*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:** TINA YAMADA

04/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WING, JOANNE  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           SECRETARY  
Name           BONURA, ETHEL M  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           PRESIDENT  
Name           NUSSBAUM, ARNOLD  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           FIGUEREDO, CESAR  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           PACY, KELLY  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           VP  
Name           REALE, LOUIS  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           CARTER, SUSAN  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARNOLD NUSSBAUM

**PRESIDENT**

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date