

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00827

FILED
Apr 25, 2014
Secretary of State
CC7493763518

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

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: ELLEN R. WOMACK

04/25/2014

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
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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

Title PRESIDENT
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 DIRECTOR
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: CESAR FIGUEREDO

PRESIDENT

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date