

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00827

**FILED  
Apr 16, 2021  
Secretary of State  
1358658551CC**

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

**Current Principal Place of Business:**

323 CIRCLE DRIVE  
MAITLAND, FL 32751

**Current Mailing Address:**

323 CIRCLE DRIVE  
MAITLAND, FL 32751 US

**FEI Number:** 59-2526575

**Certificate of Status Desired:** No

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

VISTA COMMUNITY ASSOCIATION MANAGEMENT  
323 CIRCLE DRIVE  
MAITLAND, FL 32751 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

04/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NUSSBAUM, ARNOLD  
Address        323 CIRCLE DRIVE  
City-State-Zip: MAITLAND FL 32751

Title            VP  
Name            PACY, KELLY  
Address        323 CIRCLE DRIVE  
City-State-Zip: MAITLAND FL 32751

Title            SECRETARY  
Name            BONURA, ETHEL  
Address        323 CIRCLE DRIVE  
City-State-Zip: MAITLAND FL 32751

Title            TREASURER  
Name            GILLMAN, BRAD  
Address        323 CIRCLE DRIVE  
City-State-Zip: MAITLAND FL 32751

Title            DIRECTOR  
Name            PROCINI, FRANK  
Address        323 CIRCLE DRIVE  
City-State-Zip: MAITLAND FL 32751

Title            DIRECTOR  
Name            FIGUEREDO, CESAR  
Address        323 CIRCLE DRIVE  
City-State-Zip: MAITLAND FL 32751

Title            DIRECTOR  
Name            CAMERON, RICHARD  
Address        323 CIRCLE DRIVE  
City-State-Zip: MAITLAND FL 32751

*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**

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date