## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00827

Entity Name: CASA PARK VILLAS OF TUSCAWILLA HOMEOWNERS'

ASSOCIATION, INC.

FILED
Jun 20, 2013
Secretary of State
CC6466132710

## **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 06/20/2013

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D, T Title D

NameWING, JOANNENameBONURA, ETHELAddressPO BOX 162147AddressPO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title D Title D

NameBELTRAN, LOURDES MNameFRAZIER, RORY JAddressPO BOX 162147AddressPO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title SD Title D, V

Name PERKINS, CAROLINE Name NUSSBAUM, ARNOLD

Address PO BOX 162147 Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title P, D

Name FIGUEREDO, CESAR 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 P.D 06/20/2013