
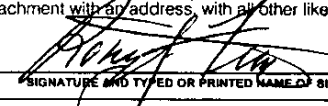


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90823 050 \*\*\*\*61.25

<b>DOCUMENT # N00827</b> 1. Entity Name <b>CASA PARK VILLAS OF TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>266 WILSHIRE BLVD. STE. 110 CASSELBERRY, FL 32707 US</b>			Mailing Address <b>266 WILSHIRE BLVD. STE 110 CASSELBERRY, FL 32707 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2526575</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>FOWLER, KIMBERLY 266 WILSHIRE BLVD. STE. 110 CASSELBERRY, FL 32707</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WING, JOANNE</b> <input type="checkbox"/> Delete <b>1320 CASA PARK CIRCLE</b> <b>WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BONURA, ETHEL</b> <input type="checkbox"/> Delete <b>600 CASA PARK CT., M</b> <b>WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUSCH, SHIRLEY</b> <input checked="" type="checkbox"/> Delete <b>314 PAWNEEE TRAIL</b> <b>WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lourdes M Beltran</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>600 Casa Park Ct. H</b> <b>Winter Springs, FL 32708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRAZIER, RORY J</b> <input type="checkbox"/> Delete <b>609 CASA PARK CT. M</b> <b>WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PERKINS, CAROLINE</b> <input type="checkbox"/> Delete <b>602 CASA PARK COURT I</b> <b>WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD NUSSBAUM, ARNOLD</b> <input type="checkbox"/> Delete <b>687 ANDOVER CIRCLE</b> <b>WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
<b>SIGNATURE:</b> 			Date: <b>3/22/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

ATTACHMENT

40092325

#100827

Addition:

D

Paul J Christopher

602 Casa Park Court K

Winter Springs, FL 32708