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130

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montum
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 22

DOCUMENT # N21106 (2)

1. Corporation Name

C.S.C. CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001476564
-05/04/95--01134--001
****705.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
301 HOSPITAL AVENUE P.O. BOX 9010
STUART FL 34994 STUART FL 34995-9010

3. Date Incorporated or Qualified 06/11/1987 3a. Date of Last Report 02/08/1994
4. FEI Number 59-2843163 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 County 28 Zip 30 County

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMAN, RICHMOND M.
301 HOSPITAL AVE
STUART FL 34994

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME MONROE, MARIAN B.
STREET ADDRESS 1545 NE OCEAN BLVD.#105S
CITY- ST- ZIP STUART FL

11 TITLE PD Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP 34996

TITLE STD
NAME COCORULLO, MARK L.
STREET ADDRESS 301 HOSPITAL AVENUE
CITY- ST- ZIP STUART FL 34994

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE VD
NAME CROUTHAMEL, LAWRENCE S MD
STREET ADDRESS 509 SE RIVERSIDE ROAD #206
CITY- ST- ZIP STUART FL

31 TITLE VD Change Addition
32 NAME HAAS, GEORGE J
33 STREET ADDRESS 509 SE RIVERSIDE ROAD, #304
34 CITY- ST- ZIP STUART, FL 34994

TITLE ASD
NAME HARMAN, RICHMOND
STREET ADDRESS 301 HOSPITAL AVE
CITY- ST- ZIP STUART FL

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE ATD
NAME ROBITAILLE, MARK E.
STREET ADDRESS 301 HOSPITAL AVENUE
CITY- ST- ZIP STUART FL 34994

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attached report with an address.

SIGNATURE:

R.M. Harman, Director

Date

Expiration 11/30/96