

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N21106** (2)

1. Corporation Name
C.S.C. CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **06/11/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2843163**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HARMAN, RICHMOND M.
301 HOSPITAL AVE
STUART FL 34994**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MONROE, MARIAN B.	1.2 NAME	
STREET ADDRESS	1545 NE OCEAN BLVD.#105S	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	COCORULLO, MARK L.	2.2 NAME	
STREET ADDRESS	301 HOSPITAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	HAAS, GEORGE J	3.2 NAME	Crouthamel, Lawrence MD
STREET ADDRESS	509 SE RIVERSIDE ROAD, #304	3.3 STREET ADDRESS	509 SE Riverside Drive, Suite 206
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	ASD	4.1 TITLE	
NAME	HARMAN, RICHMOND	4.2 NAME	
STREET ADDRESS	301 HOSPITAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	ATD	5.1 TITLE	
NAME	ROBITAILLE, MARK E.	5.2 NAME	
STREET ADDRESS	301 HOSPITAL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richmond M. Harman* (4/30/96) (407) 287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)