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| , cc  | PRPORATION   |  | <b>)</b>   | EPARTMENT OF STATE   |   |  |
| ANNUAL REPORT   |  |  | Sandra B. Mortham Secretary of State   |  |   |  |
| 1996  |  | Sin 100  | DIVISION OF CORPORATIONS   |  |   |  |
| DOCUMENT # N21106   |  |  | (2)  |  |   |  |
| C.S.(   | C. CONDOMINIUM .   | ASSOCIATION  | I. INC.  |  |   |  |
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| Principal Place of Business Mailing Address   |  |  |  |  |   |  |
| 301 HOSPITAL AVENUE P.O. BOX 9010<br>STUART FL 34994 STUART FL 24005 000  |  |  |  |  |   |  |
|   |  |  | STUART FL 34995-90   | ло   |   |  |
| 9 Dringing I  | Di-  |  |  |  | <ol> <li>Date Incorporated or Qualified<br/>06/11/1987</li> </ol>   | 3a. Date of Last Report 05/01/1995   |
| 2. Principari   | Place of Business  | 28   | Za. Mailing Address  |  | 4. FEI Number   | Applied For  |
| Suite, Apt  | t. #, etc.   |  | Suite, Apt. #, etc.  |  | 59-2843163  | Not Applicable   |
| City & Sta  | ate  | 27   | City & State   |  | Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| Zip   |  | 28   | 3  |  | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be Added to Fees  |
| 4   | Country<br>25  | 29   | Zip  | Gountry 30   | This corporation has liability for<br>Florida Statutes  | r intangible tax under s. 199.032,   |
|   | 9. Name and Addre  | ss of Current Reg  | istered Agent  |  | 10. Name and Address of New   | X Yes No Registered Agent  |
| HARMA   | N, RICHMOND M.   |  |  | 81 Name  |   |  |
| 301 HC  | )SPITAL AVE  |  |  | 82 Street A  | ddress (P.O. Box Number is Not Accepta  | ble)   |
| STUAR   | T FL 34994   |  |  | 83   |   |  |
| U/ ii l   |  |  |  |  |   |  |
| •   |  |  |  | <b>84</b> City   |   | 85 Zin Code  |
| 11. Pursuant  | to the provisions of Section   | ons 617,0502 and 6   | 17.1508, Fiorida Statu   | <b>84</b> City   | poration submits this statement for the pu  | FL 85 Zip Code   |
| 11. Pursuant<br>or registe<br>familiar w  | to the provisions of Section<br>agent, or both, in the setting and accept the obligations.   | ons 617.0502 and 6<br>State of Florida. Suc<br>lions of, Section 617                         | 17.1508, Fiorida Statu<br>ch change was authoriz<br>7.0503, Fiorida Statute: | <b>84</b> City   | poration submits this statement for the pu<br>locard of directors. I hereby accept the app  | <b>-1</b>  |
| 11. Pursuant<br>or registe<br>familiar w<br>SIGNATURE   | Signature, typed or printed name of  | registered agent and title   | Ferplicable. (No.  | 84 City tes, the above-named corporation's b   | and a substitution of the | rpose of changing its registered office contract as registered agent. I am   |
| 11. Pursuant<br>or registe<br>familiar w  | Signature, typed or printed name of  | ions of section 61)  | r.0503, Fiorida Statute:  Templicable. (No                                   | tes, the above-named corpared by the corporation's bis.  OTE: Registored Agont signature required.   | uired when reinstating:   | rpose of changing its registered office cointment as registered agent. I am  |
| 11. Pursuant<br>or registe<br>familiar w<br>SIGNATURE   | Signature, typed or printed name of OF   | Progistered agent and the A  | Ferplicable. (No.  | tes, the above-named corrected by the corporation's bis.  OTE: Repistored Agont signature required.  | and a substitution of the | rpose of changing its registered office cointment as registered agent. I am  |
| 11. Pursuant<br>or registe<br>familiar w<br>SIGNATURE<br>12.<br>ITILE<br>IAME<br>IREET ADDRESS  | Signature, typed or printed name of OF PD MONROE, MARIAN 1545 NE OCEAN B   | registered agent and title in  | r.0503, Fiorida Statute:  Templicable. (No                                   | tes, the above-named corpared by the corporation's bis.  OTE: Registored Agont signature required.   | uired when reinstating:   | PL   propose of changing its registered office continuent as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12  |
| 11. Pursuant or registe familiar w SIGNATURE  12.  ITLE IAME ITREET ADDRESS ITY-SI-ZIP  | Signature, typoid or printed name of OF PD MONROE, MARIAN 1545 NE OCEAN B STUART FL 34996  | registered agent and title in  | Farplication (NCCTORS  | tes, the above-named corrected by the corporation's bis.  OTE: Registored Aport signature required. 13.  11 TITLE  1.2 NAME  | uired when reinstating:   | PL   propose of changing its registered office contract as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12  |
| 11. Pursuant<br>or registe<br>familiar w<br>SIGNATURE<br>12.<br>ITILE<br>IAME<br>IREET ADDRESS  | Signature, typoid or printed name of OF PD MONROE, MARIAN 1545 NE OCEAN B STUART FL 34996 STD  | Tregistered agent and this in FFICERS AND DIRE   | r.0503, Fiorida Statute:  Templicable. (No                                   | tes, the above-named corporation's b s.  OTE: Registored Aport signature required 13.  11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE  | uired when reinstating:   | PL   propose of changing its registered office contract as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12  |
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STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

4/31/96 (407) 287-5200 Daytime Proce #