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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21106

1. Corporation Name

C.S.C. CONDOMINIUM ASSOCIATION, INC.

469911-90031-124

Principal Place of Business

301 HOSPITAL AVENUE  
STUART FL 34994

Mailing Address

P.O. BOX 9010  
STUART FL 34995-9010



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/11/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2843163

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME MONROE, MARIAN B.  
STREET ADDRESS 3435 SE COURT DR  
CITY-ST-ZIP STUART FL

1.1 TITLE VD  Change  Addition  
1.2 NAME Fasano, John  
1.3 STREET ADDRESS 509 SE Riverside Drive Suite 206  
1.4 CITY-ST-ZIP Stuart FL

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

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME NOBLE, D E  
STREET ADDRESS 509 SE RIVERSIDE DR STE 202  
CITY-ST-ZIP STUART FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*R. M. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99

CR2E037 (1/198)