

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90064 016 ****61.25

DOCUMENT # N21106

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2843163

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARMAN, RICHMOND M.
 301 HOSPITAL AVE
 STUART FL 34994**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MONROE, MARIAN B.	
STREET ADDRESS	3435 SE COURT DR	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COCORULLO, L. MARK	
STREET ADDRESS	301 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FASANO, JOHN	
STREET ADDRESS	509 SE RIVERSIDE DR STE 206	
CITY-ST-ZIP	STUART FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HARMAN, RICHMOND	
STREET ADDRESS	301 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	ROBITAILLE, MARK E.	
STREET ADDRESS	301 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAGLIARENI, JOHN	
STREET ADDRESS	201 HOSPITAL AVE.	
CITY-ST-ZIP	STUART, FL 34994	

12. 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 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 all other like empowered. **Richmond M. Harman**

SIGNATURE:

Richmond M. Harman
 DIRECTOR

DIRECTOR

4/27/2001

(561)287-5200

CR2E037 (10/00)

Attachment

975385

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N21106

C.S.C. CONDOMINIUM ASSOCIATION, INC.

ADDITIONAL OFFICERS AND DIRECTORS

VD

NOBLE, DONALD E. MD
509 RIVERSIDE DRIVE
STUART, FL 34995

D

WERTHEIM, MICHAEL MD
509 RIVERSIDE DRIVE
STUART, FL 34995