

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N21106

Entity Name: C.S.C. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

301 HOSPITAL AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9010
STUART, FL 349959010

New Mailing Address:

FEI Number: 59-2843163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONROE, MARIAN B.,
Address: 3435 SE COURT DR
City-St-Zip: STUART, FL

Title: VPD () Delete
Name: NOBLE, DONALD
Address: 301 HOSPITAL AVE
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: FASANO, JOHN
Address: 509 SE RIVERSIDE DR STE 206
City-St-Zip: STUART, FL

Title: ASD () Delete
Name: HARMAN, RICHMOND,
Address: 301 HOSPITAL AVE
City-St-Zip: STUART, FL

Title: DAT () Delete
Name: ROBITAILLE, MARK E.,
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994

Title: STD () Delete
Name: TAGLIARENI, JOHN
Address: 201 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHMOND M. HARMAN

Electronic Signature of Signing Officer or Director

ASD

04/29/2004

Date

KAMDAR , EHANA
301 HOSPITAL AVENUE
STUART, FL 34994

TESSON, ALAN DIRECTOR
301 HOSPITAL AVENUE
STUART, FL 34994

HOLLING, KENNETH DIRECTOR
301 HOSPITAL AVENUE
STUART, FL 34994

FRANKEL, RONALD DIRECTOR
301 HOSPITAL AVENUE
STUART, FL 34994