

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 030 ****61.25

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04032006 Chg-NP CR2E037 (11/05)

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2843163				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL 34994			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONROE, MARIAN B.		NAME		
STREET ADDRESS	3435 SE COURT DR		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOBLE, DONALD		NAME		
STREET ADDRESS	301 HOSPITAL AVE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FASANO, JOHN		NAME		
STREET ADDRESS	509 SE RIVERSIDE DR STE 206		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARMAN, RICHMOND		NAME		
STREET ADDRESS	301 HOSPITAL AVE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	DAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBITAILLE, MARK E.		NAME		
STREET ADDRESS	301 HOSPITAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAGLIARENI, JOHN		NAME		
STREET ADDRESS	201 HOSPITAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>RMH</i>		<i>PRO/CEO</i>		<i>4/24/2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <i>772-287-5200</i>	