


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90107 021 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04072008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2843163

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MONROE, MARIAN B. 3435 SE COURT DR STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HARMAN, RICHMOND 301 HOSPITAL AVE STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT ROBITAILLE, MARK E. 301 HOSPITAL AVENUE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAGLIARENI, JOHN 201 HOSPITAL AVENUE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NOBLE, DONALD 301 HOSPITAL AVE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **4/17/08** **772-287-5206**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



N21106
C.S.C. CONDOMINIUM ASSOCIATION, INC.

ATTACHMENT
40079756

ADDITIONAL OFFICERS AND DIRECTORS

D
DR. FRANKEL
301 HOSPITAL AVENUE
STUART, FL 34994

D
DR. HOLLING
301 HOSPITAL AVENUE
STUART, FL 34994

D
DR. TESSON
301 HOSPITAL AVENUE
STUART, FL 34994

D
DR. KAMDAR
301 HOSPITAL AVENUE
STUART, FL 34994