

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21106

FILED
Apr 10, 2012
Secretary of State

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

Current Principal Place of Business:

301 HOSPITAL AVENUE
STUART, FL 34994 US

New Principal Place of Business:

200 HOSPITAL AVENUE
STUART, FL 34994 US

Current Mailing Address:

P.O. BOX 9010
STUART, FL 34995 US

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:

LORD, ROBERT L JR
301 HOSPITAL AVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

LORD, ROBERT L JR
200 HOSPITAL AVE
STUART, FL 34994 US

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

04/10/2012

Date

OFFICERS AND DIRECTORS:

Title: AT/D
Name: STEINHAUER, SAM
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: AS/D
Name: ROBITAILLE, MARK E
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: AT/D
Name: COCORULLO, L. MARK
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: VP/D
Name: NOBLE, DONALD E
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: P/D
Name: LORD, ROBERT L JR
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

I hereby 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 all other like empowered.

SIGNATURE: MARK E. ROBITAILLE

Electronic Signature of Signing Officer or Director

AS/D

04/10/2012

Date