

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90510 027 ****61.25

UBR2003

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MONROE, MARIAN B.	
STREET ADDRESS	3435 SE COURT DR	
CITY-ST-ZIP	STUART FL	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	COCORULLO, L. MARK	
STREET ADDRESS	301 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<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	DAT	<input type="checkbox"/> Delete
NAME	ROBITAILLE, MARK E.	
STREET ADDRESS	301 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TAGLIARENI, JOHN	
STREET ADDRESS	201 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBLE, DONALD	
STREET ADDRESS	301 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANSPACH, WILLIAM	
STREET ADDRESS	146 N SEWALLS POINT ROAD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, WILLIAM	
STREET ADDRESS	7 KINSTON COURT	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIN, ALAN	
STREET ADDRESS	301 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAAS, GEORGE	
STREET ADDRESS	509 RIVERSIDE DR. #304	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMDAR, REHANA	
STREET ADDRESS	301 HOSPITAL AVENUE	
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.

SIGNATURE: *[Signature]* **RECEIVED** 4/11/2003

CR2E037 (10/02)

Attachment

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

#N2 1106

ADDITIONAL OFFICERS AND DIRECTORS

11003024

D
DR. TESSON
301 HOSPITAL AVENUE
STUART, FL 34994

D
WERTHEIM, MICHAEL
301 HOSPITAL AVENUE
STUART, FL 34994