## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21106

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

FILED
Mar 28, 2019
Secretary of State
8952462455CC

## **Current Principal Place of Business:**

ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HIGHWAY, SUITE 100

STUART, FL 34994

## **Current Mailing Address:**

ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HIGHWAY, #100 STUART, FL 34994 US

FEI Number: 59-2843163 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PAPA, CHARLIE 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: CHARLIE PAPA 03/28/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

TitleTREASURERTitlePRESIDENTNameCAFARELLI, JESSICANamePAPA, CHARLIE

Address ADVANTAGE PROPERTY Address ADVANTAGE PROPERTY

MANAGEMENT MANAGEMENT

1111 SE FEDERAL HIGHWAY, #100 1111 SE FEDERAL HIGHWAY, #100

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

Title VP Title DIRECTOR

Name FRANKEL, RONALD MD Name FASANO, JOHN B MD

Address ADVANTAGE PROPERTY Address ADVANTAGE PROPERTY

MANAGEMENT MANAGEMENT

1111 SE FEDERAL HIGHWAY, #100 1111 SE FEDERAL HIGHWAY, #100

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

Title SECRETARY
Name BURRELL, AMY

Address ADVANTAGE PROPERTY

**MANAGEMENT** 

1111 SE FEDERAL HIGHWAY, #100

City-State-Zip: STUART FL 34994

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: CHARLIE PAPA PRESIDENT 03/28/2019

Date