

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21106

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC0923679547**

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

**Current Principal Place of Business:**

200 HOSPITAL AVENUE  
STUART, FL 34994

**Current Mailing Address:**

P.O. BOX 9010  
STUART, FL 34995 US

**FEI Number:** 59-2843163

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEVENSON, LAURA  
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:** LAURA STEVENSON

04/19/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           CAFARELLI, JESSICA  
Address        200 HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title           DIRECTOR, PRESIDENT  
Name           STEVENSON, LAURA  
Address        200 HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title           ASSISTANT TREASURER, DIRECTOR  
Name           CLEAVER, CHARLES  
Address        200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title           DIRECTOR, ASST. SECRETARY  
Name           LORD, ROBERT L JR.  
Address        200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title           VP, DIRECTOR  
Name           FASANO, JOHN B MD  
Address        200 HOSPITAL AVENUE  
City-State-Zip: STUART FL 34994

Title           DIRECTOR, SECRETARY  
Name           PAPA, CHARLIE  
Address        200 HOSPITAL AVENUE  
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:** LAURA STEVENSON

**PRESIDENT**

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date