

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21106

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC2927973743**

**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:**

LORD, ROBERT LJR  
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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER,  
DIRECTOR  
Name STEINHAEUER, SAM  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

Title ASSISTANT SECRETARY, DIRECTOR  
Name ROBITAILLE, MARK E  
Address 200 HOSPITAL AVE  
City-State-Zip: STUART FL 34994

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

Title PRESIDENT, DIRECTOR  
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

*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:** ROBERT L. LORD JR

**CHIEF OPERATING  
OFFICER**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date