

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21106

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:

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

03/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER	Title	PRESIDENT
Name	CAFARELLI, JESSICA	Name	PAPA, CHARLIE
Address	200 HOSPITAL AVENUE	Address	200 HOSPITAL AVENUE
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	ASSISTANT TREASURER	Title	ASST. SECRETARY
Name	CLEAVER, CHARLES	Name	LORD, ROBERT L JR.
Address	200 HOSPITAL AVE	Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	VP	Title	SECRETARY
Name	FASANO, JOHN B MD	Name	BURRELL, AMY
Address	200 HOSPITAL AVENUE	Address	200 HOSPITAL AVENUE
City-State-Zip:	STUART FL 34994	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

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date