


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 030 ****61.25

DOCUMENT # N21106 1. Entity Name C.S.C. CONDOMINIUM ASSOCIATION, INC.	
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40085771



04032006 Chg-NP CR2E037 (11/05)

Principal Place of Business 301 HOSPITAL AVENUE STUART, FL 34994	Mailing Address P.O. BOX 9010 STUART, FL 34995-9010
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2843163	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONROE, MARIAN B. 3435 SE COURT DR STUART, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, DONALD 301 HOSPITAL AVE STUART, FL 34994 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FASANO, JOHN 509 SE RIVERSIDE DR STE 206 STUART, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HARMAN, RICHMOND 301 HOSPITAL AVE STUART, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT ROBITAILLE, MARK E. 301 HOSPITAL AVENUE STUART, FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAGLIARENI, JOHN 201 HOSPITAL AVENUE STUART, FL 34994 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  PMA/CCO	4/24/2006	772-287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #