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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45664 (2)
1. Corporation Name
CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 20540 COUNTRY CLUB BLVD SUITE 101 BOCA RATON FL 33434 US
Mailing Address: 20540 COUNTRY CLUB BLVD. SUITE 101 BOCA RATON FL 33434-4202 US

3. Date Incorporated or Qualified: 10/18/1991
3a. Date of Last Report: 03/26/1996
4. FEI Number: 65-0291881
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
LANG MANAGEMENT CO., INC.
20540 COUNTRY CLUB BLVD., #101
311E
BOCA RATON FL 33434

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TREASURER	<input type="checkbox"/> DELETE	1.1 TITLE: TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BALTIMORE, TERRY		1.2 NAME:	
STREET ADDRESS: 2471 N.W. 59TH STREET 801		1.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		1.4 CITY-ST-ZIP:	
TITLE: PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBINSON, STANLEY		2.2 NAME:	
STREET ADDRESS: 2464 NW 59TH STREET #1104		2.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		2.4 CITY-ST-ZIP:	
TITLE: ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SILBERMAN, ARNOLD		3.2 NAME:	
STREET ADDRESS: 2491 NW 59TH STREET, #3001		3.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		3.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PELOSI, SABATO		4.2 NAME:	
STREET ADDRESS: 2464 NW 59TH ST, 1101		4.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		4.4 CITY-ST-ZIP:	
TITLE: D V PRES	<input type="checkbox"/> DELETE	5.1 TITLE: VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NAGLER, RICHARD		5.2 NAME:	
STREET ADDRESS: 2434 NW 59TH STREET, #1403		5.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		5.4 CITY-ST-ZIP:	
TITLE: SEC	<input type="checkbox"/> DELETE	6.1 TITLE: SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BUD RUKEYSER		6.2 NAME:	
STREET ADDRESS: 2434 NW 59TH ST #1404		6.3 STREET ADDRESS:	
CITY-ST-ZIP: 998-7845		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0042205

CR2E037 (9/96)