FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
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DOCUMENT # N45664

1. Corporation Name

CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSO CIATION, INC.

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

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 10/18/1991
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 65-0291881 — Applied For ☐ Not Applicable ☐
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☒ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANG MANAGEMENT CO. , INC. 20540 COUNTRY CLUB BLVD., #101 311E BOCA RATON FL 33434	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT NAME: KANTER, CALVIN STREET ADDRESS: 2461 NW 59TH., #701 CITY-ST-ZIP: BOCA RATON FL 33434	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DP NAME: ROBINSON, STANLEY STREET ADDRESS: 2464 NW 59TH STREET #1104. CITY-ST-ZIP: BOCA RATON FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: PELOSI, SABATO STREET ADDRESS: 2464 NW 59TH ST, 1101 CITY-ST-ZIP: BOCA RATON FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DVP NAME: NAGLER, RICHARD STREET ADDRESS: 2434 NW 59TH STREET, #1403 CITY-ST-ZIP: BOCA RATON FL	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DS NAME: RUKEYSER, BUD STREET ADDRESS: 2434 NW 59TH ST #1404 CITY-ST-ZIP: BOCA RATON FL	☒ DELETE	5.1 TITLE: DS 5.2 NAME: Robert Schultheis 5.3 STREET ADDRESS: 2411 NW 59th St. #203 5.4 CITY-ST-ZIP: ~~Boca Raton, FL. 33496~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3/11/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)