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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N45664

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/18/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0291881

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP
NAME ROBINSON, STANLEY
STREET ADDRESS 2464 NW 59TH STREET #1104.
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME PELOSI, SABATO
STREET ADDRESS 2464 NW 59TH ST, 1101
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DVP
NAME NAGLER, RICHARD
STREET ADDRESS 2434 NW 59TH STREET, #1403
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DS
NAME RUKEYSER, BUD
STREET ADDRESS 2434 NW 59TH ST #1404
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE DS
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Robert Schultheis
2411 NW 59th St. #203
Boca Raton, FL. 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)