

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90069 045 ****70.00

DOCUMENT # N45664

1. Entity Name

CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSO

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 33434-4206
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0291881

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG MANAGEMENT CO., INC.
 20540 COUNTRY CLUB BLVD., #101
 311E
 BOCA RATON FL 33434

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	KANTER, CALVIN	
STREET ADDRESS	2461 NW 59TH., #701	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBINSON, STANLEY	
STREET ADDRESS	2464 NW 59TH STREET #1104	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELOSI, SABATO	
STREET ADDRESS	2464 NW 59TH ST, 1101	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	NAGLER, RICHARD	
STREET ADDRESS	2434 NW 59TH STREET, #1403	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHULTHEIS, ROBERT	
STREET ADDRESS	2411 NW 59TH ST, #203	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 lists empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00

CR2E037 (9/99)