

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90013 042 ****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~~
~~US~~

C0032709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21045 COMMERCIAL TRAIL

3. Mailing Address

21045 COMMERCIAL TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0291881

Applied For

Not Applicable

Zip

33486

Country

FL

Zip

33486

Country

FL

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)

21045 COMMERCIAL TRAIL

City

BOCA RATON

State

FL

Zip Code

33486

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

[Handwritten Signature] **03-05-01**

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
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
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 like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-995-0898

CR2E037 (10/00)