

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90070 015 ****70.00

DOCUMENT # N45664

1. Entity Name

**CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486
 US

21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486
 US

80038136



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

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

**WILLIAM K. ISAACSON ,
 21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486**

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** Delete
 NAME **KANTER, CALVIN**
 STREET ADDRESS **2461 NW 59TH., #701**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **T/D** Change Addition
 NAME **PHIL SORKIN**
 STREET ADDRESS **39th ST # 1201**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **SCHULTHEIS, ROBERT**
 STREET ADDRESS **2411 NW 59TH ST, #203**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: _____

SIGNATURE REQUIRED

1/3/02

21195-08

CR2E037 (9/01)