


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90009 008 \*\*\*\*61.25

<b>DOCUMENT # N45664</b>					
1. Entity Name <b>CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065 US		Mailing Address 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065 US		66422398	
2. Principal Place of Business		3. Mailing Address		03252004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0291881 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>WELLS FARGO BANK</del> 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065			Name <i>United Community Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>3300 UNIV - DRIVE</i> City <i>CORAL SPRINGS</i> FL Zip Code <i>33065</i>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>United Community Mgmt</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE <i>5/13/04</i>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, STANLEY		NAME	Schultheis, Bob	
STREET ADDRESS	2411 NW 59 ST 203		STREET ADDRESS	2411 NW 59 Street # 203	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Boca Raton, FL. 33496	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAGLER, DICK		NAME	Strong, Steve	
STREET ADDRESS	2434 NW 59 ST 1403		STREET ADDRESS	12 Newell Court	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Menands, NY 12204	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, JAY		NAME		
STREET ADDRESS	2441 NW 59 ST 503		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, DON		NAME		
STREET ADDRESS	2451 NW 59 ST 603		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, EDWARD		NAME		
STREET ADDRESS	2454 NW 59 ST 1202		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, JACK		NAME		
STREET ADDRESS	<del>6711 COUNTRY CLUB LANE</del> 2451 NW 59 ST #604		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		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)(l), 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: <i>Robert L. Schultheis</i>		Signature and typed or printed name of signing officer or director		Date <i>3/3/04</i> (561-994-3710)	