


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90331 043 \*\*\*\*61.25

<b>DOCUMENT # N45664</b> 1. Entity Name CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 11784 WEST SAMPLE RD CORAL SPRINGS, FL 33065 US	Mailing Address 11784 WEST SAMPLE RD CORAL SPRINGS, FL 33065 US
---	---



03132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0291881	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  UNITED COMMUNITY MGMT. 11784 WEST SAMPLE RD CORAL SPRINGS, FL 33065
---

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

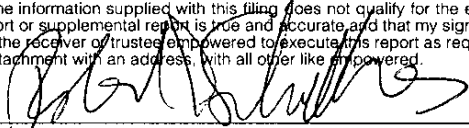
**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTHEIS, BOB 2411 NW 59 ST 203 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NAGLER, DICK 2434 NW 59 ST 1403 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSMITH, JAY 2441 NW 59 ST 503 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZ, DAN 2451 NW 59 ST 603 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, STEVE 12 NEWELL COURT ALBANY, NY 12204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_