


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90008 015 ****61.25

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DOCUMENT # N45664					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092007 Chg-NP CR2E037 (12/06)	
			4. FEI Number 65-0291881		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED COMMUNITY MGMT. 11784 WEST SAMPLE RD CORAL SPRINGS, FL 33065			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requires when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTHEIS, BOB		NAME	<i>Bob Schultheis</i>	
STREET ADDRESS	2411 NW 59 ST 203		STREET ADDRESS	<i>2411 NW 59 St 203</i>	
CITY ST ZIP	BOCA RATON, FL 33496		CITY ST ZIP	<i>BOCA RATON FL 33496</i>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGLER, DICK		NAME		
STREET ADDRESS	2434 NW 59 ST 1403		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33496		CITY ST ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input 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	P	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, DAN		NAME		
STREET ADDRESS	2451 NW 59 ST 603		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33496		CITY ST ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRONG, STEVE		NAME	<i>Gluckman, Robert</i>	
STREET ADDRESS	12 NEWELL COURT		STREET ADDRESS	<i>2441 N.W. 59th St. #504</i>	
CITY ST ZIP	ALBANY, NY 12204		CITY ST ZIP	<i>BOCA RATON, FL 33496</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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: <i>[Signature]</i>			Date: <i>3/15/07</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		