


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90035 016 ****61.25

DOCUMENT # N45664

1. Entity Name
CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.



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

40010000



03032008 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
 65-0291881 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED COMMUNITY MGMT.
 11784 WEST SAMPLE RD
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULTHEIS, BOB	
STREET ADDRESS	2411 NW 59 ST 203	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NAGLER, DICK	
STREET ADDRESS	2434 NW 59 ST 1403	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, JAY	
STREET ADDRESS	2441 NW 59 ST 503	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KATZ, DAN	
STREET ADDRESS	2451 NW 59 ST 603	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRONG, STEVE	
STREET ADDRESS	2441 N.W. 59TH STREET #504	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Silverberg, Stanley	
STREET ADDRESS	2451 N.W. 59th St.	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gluckman, Robert	
STREET ADDRESS	2441 N.W. 59th St.	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roman, Robert	
STREET ADDRESS	2441 N.W. 59th Street #1301	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherman, Jeffrey	
STREET ADDRESS	2471 N.W. 59th St.	
CITY-ST-ZIP	Boca Raton, FL 33496	
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 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: *Stanley Silverberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stanley Silverberg