

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90291 020 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N45664

1. Entity Name

Clubsides Pointe at Broken Sound  
Condominium Association, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3300 University Drive # 405

Suite, Apt. #, etc.

3. Mailing Address

3300 University Drive # 405

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Coral Springs, FL

City & State  
Coral Springs, FL

4. FEI Number 65-0291881

Applied For  
Not Applicable

Zip  
33065

Country  
USA

Zip  
33065

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name United Community Management Corp

Street Address (P.O. Box Number is Not Acceptable)

3300 University Drive # 405

City Coral Springs

FL

Zip Code  
33065

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

UNITED COMMUNITY MANAGEMENT CORP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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 PD  
NAME Schultheis, Bob  
STREET ADDRESS 2411 NW 59 St #203, Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME Nagler, Dick  
STREET ADDRESS 2434 NW 59 St # 1403, Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Goldsmith, Jay  
STREET ADDRESS 2441 NW 59 St # 503, Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME Katz, Dan  
STREET ADDRESS 2451 NW 59 St # 603, Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME Saul, Edward  
STREET ADDRESS 2454 NW 59 St # 1202, Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Simon, Jack  
STREET ADDRESS 6741 Country Club Lane, W Bloomfield MI 48322  
CITY-ST-ZIP

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


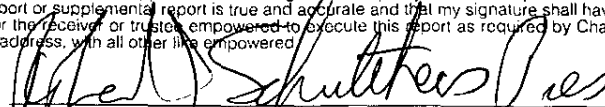
Date

Daytime Phone #

CR2E037B (12/02)

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Attachment  
2 0038561

<b>DOCUMENT # N45664</b>			
1. Entity Name Clubslope Pointe at Broken Sound Condominium Association, Inc.			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 3300 University Drive # 405 Suite, Apt. #, etc.		3. Mailing Address 3300 University Drive # 405 Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065	Country USA	Zip 33065	Country USA
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	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name United Community Management Corp	
		Street Address (P.O. Box Number is Not Acceptable) 3300 University Drive # 405	
		City Coral Springs	FL
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 _____			
FEE IS \$61.25 Initial or Amended UBR		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schultheis, Bob 2411 NW 59 St #203, Boca Raton, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goldsmith, Jay 2441 NW 59 St # 503, Boca Raton, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Katz, Dan 2451 NW 59 St # 603, Boca Raton, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Saul, Edward 2454 NW 59 St # 1202, Boca Raton, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simon, Jack 6741 Country Club Lane, W Bloomfield MI 48322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/24/03 56-9943710	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E037B (12/02)