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

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

U	NIFORM BUSINE	SS REPORT	· (UI	BR)	05-	-01-2003 902	)	***61.25
1. Entity Nam Clubs	MENT # N45664 ide Pointe at Broken So ominium Assocaition, Ind		i					01.20
	DO NOT WRITE		PAC	E				
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 & Star Coral Sp	te rings, FI.	City & State Coral Springs, FL			4. FEI Number 65-0	0291881		Applied For Not Applicable
<sup>Zip</sup> 33065	Country USA	33065	USA	intry <b>\</b>	5. Certificate of Statu	s Desired 🔲		5 Additional equired
	DO NOT W	ta t		Name United Street Address (	7. Name and Address I Community Mar P.O. Box Number is Not Sity Drive # 405	nagement Co		
	e named entity submits this statement for			City Coral S			FL 33	Code 8065
SIGNATURE	FEE IS \$61.25 Initial or Amended UBR	nd title 4 applicable. (ROT  9. Election Car  Trust Fund (		Inancing	\$5.00 May Be Added to Fees	Make Cl Florida De	neck Pay	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schultheis, Bob 2411 NW 59 St #203, Boca			1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nagler, Dick 2434 NW 59 St # 1403, Boca Raton, Fl. 33496			ET ADDRESS ST-7/IP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goldsmith, Jay 2441 NW 59 St # 503, Boca Raton, Fl. 33496			E ET ADDRESS -ST-ZIP	DON	IOT WI	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Katz, Dan 2451 NW 59 St # 603, Boca Raton, Fl. 33496			E ET ADDRESS -ST-ZIP	IN TI	IIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Saul, Edward 2454 NW 59 St # 1202, Boca Raton, Fl. 33496			E ET ADDRESS -ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simon, Jack 6741 Country Club Lane, W Bloomfield MI			EFI AODRESS ST-ZIP				
12. I hereby of indicated of the core attachme	certify that the information supplied with I on this report or supplemental report is rporation or the receiver/or trustice ampoint with an address, with all other tike em	this filing does not ogalify for true and accurate and that re- werety to execute this repor- powered.	the exer ny signat t as eq.	mption stated in Secure shall have the suired by Chapter 6	ction 119.07(3)(i), Florid same legal effect as if m 17. Florida Statutes; avid	a Statutes. I furthe ade under oath; th I that my name ap	r certify that at I am an c pears in Blo	the information officer or director ock 10 or on an

## CRZEU3/18 (12/02

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

Attachment 20038561

1. Entity Name Clubsic	MENT # N45664 de Pointe at Broken Somminium Assocaition, Inc											
	DO NOT WRITE		PAC	E								
		3. Mailing Address 3300 University Dr	ive#4	105								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WE	RITE IN THIS SP	PACE					
City & State Coral Spr		City & State Coral Springs, FL			4. FEI Number 65-029188	1	Applied For Not Applicable					
Zip 33065	Country USA	<sup>Zip</sup> 33065	Country USA		5. Certificate of Status Desired		8.75 Additional ee Required					
t <sub>al</sub> stva			100 pt 10		7. Name and Address of Curre		Agent					
Å\$.v:	DO NOT W			Name United Community Management Corp								
	ー・デーカットのpaperingを行ったaperingを行る。デアを行る	drischelenie in National Description		Street Address ()	eet Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE				3300 Univer	sity Drive # 405	·						
				City Coral Sp	orings	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 _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)	DATE						
	FEE IS \$61.25 Initial or Amended UBR	9. Election Carr Trust Fund C	_ ,		lake Check rida Departr	Payable to nent of State						
10.	OFFICERS AND DIR	ECTORS	1	· Janes	Transfer of the control of the contr	-,0764	PARATEUME DESPRISARES DE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schultheis, Bob 2411 NW 59 St #203, Boca	Raton, Fl. 33496		T ADDRESS ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nagler, Dick 2434 NW 59 St # 1403, Boo	ca Raton, Fl. 33496		T ADDRESS ST-7IP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goldsmith, Jay 2441 NW 59 St # 503, Boca Raton, Fl. 33496			T ADDRESS ST-ZIP	DO NOT	WRII	E					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Katz, Dan 2451 NW 59 St # 603, Boca	a Raton, Fl. 33496		T ADDRESS ST-ZIP	INTHIS	SPAC						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Saul, Edward 2454 NW 59 St # 1202, Boo	ca Raton, Fl. 33496		T ADDRESS ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simon, Jack 6741 Country Club Lane, W 48322	/ Bloomfield MI		T ADDRESS ST-ZIP	2. SA 2. Sa							

The expression of the information supplied with this filing does not quality for the exemption stated in section 119.07(3)(1). Florida Statutes: I further certify that the information "includes on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the receiver or trusted, empowered to execute this appoint as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an address, with all other life empowered.

CAATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 54-94/371