

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45664

**Entity Name:** CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 03, 2023**  
**Secretary of State**  
**2223212535CC****Current Principal Place of Business:**MAHOGANY SERVICES, INC.  
21 S.E. 5TH STREET SUITE 200  
BOCA RATON, FL 33432**Current Mailing Address:**MAHOGANY SERVICES, INC.  
21 S.E. 5TH STREET SUITE 200  
BOCA RATON, FL 33432 US**FEI Number: 65-0291881****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAHOGANY SERVICES, INC.  
MAHOGANY SERVICES, INC.  
21 S.E. 5TH STREET SUITE 200  
BOCA RATON, FL 33432 US*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.***SIGNATURE: HOWARD ELIAS****04/03/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	FINE, EDIE
Address	2451 NW 59TH ST #601
City-State-Zip:	BOCA RATON FL 33496

Title	VP
Name	BRUMEL, ALAN
Address	MAHOGANY SERVICES, INC. 21 S.E. 5TH STREET SUITE 200
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	LEVIN, ARNOLD
Address	MAHOGANY SERVICES, INC. 21 S.E. 5TH STREET SUITE 200
City-State-Zip:	BOCA RATON FL 33432

Title	TREASURER
Name	EISENBERG, MICHAEL
Address	2481 NW 59TH STREET #903
City-State-Zip:	BOCA RATON FL 33496

Title	SECRETARY
Name	SLADE, EUGENE
Address	MAHOGANY SERVICES, INC. 21 S.E. 5TH STREET SUITE 200
City-State-Zip:	BOCA RATON FL 33432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: EDIE FINE****PRESIDENT****04/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date