

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45664

Entity Name: CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 31, 2014
Secretary of State
CC9574964411**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US**FEI Number: 65-0291881****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BACKER LAW FIRM PA
400 S DIXIE HIGHWAY STE 420
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SCHULTHEIS, BOB
Address	2411 NW 59 ST 203
City-State-Zip:	BOCA RATON FL 33496

Title	T
Name	ROMAN, ROBERT
Address	2444 NW 59TH ST 1301
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	KATZ, DON
Address	2451 NW 59 ST 603
City-State-Zip:	BOCA RATON FL 33496

Title	S
Name	MAYER, LEN
Address	2471 NW 59TH ST 902
City-State-Zip:	BOCA RATON FL 33496

Title	PRESIDENT
Name	SILVERBERG, STAN
Address	2451 NW 59TH ST #602
City-State-Zip:	BOCA RATON FL 33496

Title	DIRECTOR
Name	DIAMOND, MARVIN
Address	2481 NW 59TH ST. 901
City-State-Zip:	BOCA RATON FL 33496

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: STANLEY SILVERBERG**PRESIDENT****01/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date