

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45664** (2)

1. Corporation Name

CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20540 COUNTRY CLUB BLVD
SUITE 101
BOCA RATON FL 33434
US

20540 COUNTRY CLUB BLVD.
SUITE 101
BOCA RATON FL 33434-4202
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1991		3a. Date of Last Report 03/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0291881		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG MANAGEMENT CO., INC.
20540 COUNTRY CLUB BLVD., #101
311E
BOCA RATON FL 33434

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TREASURER	<input type="checkbox"/> DELETE		1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALTIMORE, TERRY			1.2 NAME			
STREET ADDRESS	2471 N.W. 59TH STREET 801			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, STANLEY			2.2 NAME			
STREET ADDRESS	2464 NW 59TH STREET #1104			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILBERMAN, ARNOLD			3.2 NAME			
STREET ADDRESS	2491 NW 59TH STREET, #3001			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELOSI, SABATO			4.2 NAME			
STREET ADDRESS	2464 NW 59TH ST, 1101			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP			
TITLE	D V PRES	<input type="checkbox"/> DELETE		5.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAGLER, RICHARD			5.2 NAME			
STREET ADDRESS	2434 NW 59TH STREET, #1403			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP			
TITLE	SEC	<input type="checkbox"/> DELETE		6.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUD RUKEYSER			6.2 NAME			
STREET ADDRESS	2434 NW 59TH ST #1404			6.3 STREET ADDRESS			
CITY-ST-ZIP	998-7845			6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # 0042205

CR2E037 (9/96)