
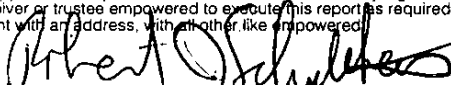


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90283 003 ****61.25

DOCUMENT # N45664 1. Entity Name CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065 US		Mailing Address 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business 11784 W. Sample Rd. Suite, Apt. #, etc.		3. Mailing Address 11784 W. Sample Rd. Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip Country 33065 US		City & State Coral Springs, FL Zip Country 33065 US	
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	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT. 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name United Community Mgmt. Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd. City State Zip Code Coral Springs FL 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 Denise Kottauer United Comm Mgmt VP Finance 3/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NAGLER, DICK 2434 NW 59 ST 1403 BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRONG, STEVE 12 NEWELL COURT ALBANY, NY 12204	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, JACK 2451 NW 59TH ST., #604 BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	