

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90331 043 ****61.25

DOCUMENT # N45664

1. Entity Name
CLUBSIDE POINTE AT BROKEN SOUND CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
11784 WEST SAMPLE RD
CORAL SPRINGS, FL 33065 US

Mailing Address
11784 WEST SAMPLE RD
CORAL SPRINGS, FL 33065 US

50010482



03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0291881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UNITED COMMUNITY MGMT.
11784 WEST SAMPLE RD
CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHULTHEIS, BOB
STREET ADDRESS 2411 NW 59 ST 203
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE VPD
NAME NAGLER, DICK
STREET ADDRESS 2434 NW 59 ST 1403
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE SD
NAME GOLDSMITH, JAY
STREET ADDRESS 2441 NW 59 ST 503
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE P
NAME KATZ, DAN
STREET ADDRESS 2451 NW 59 ST 603
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D
NAME STRONG, STEVE
STREET ADDRESS 12 NEWELL COURT
CITY-ST-ZIP ALBANY, NY 12204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____