

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90035 016 ****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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032008

Chg-NP

CR2E037 (12/06)

4. FEI Number

65-0291881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **TD** ☐ Delete
NAME **KATZ, DAN**
STREET ADDRESS **2451 NW 59 ST 603**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **D** ☒ Delete
NAME **STRONG, STEVE**
STREET ADDRESS **2441 N.W. 59TH STREET #504**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Change ☒ Addition
NAME **Silverberg, Stanley #602**
STREET ADDRESS **2451 N.W. 59th St.**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **D** ☐ Change ☒ Addition
NAME **Gluckman, Robert #504**
STREET ADDRESS **2441 N.W. 59th St.**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **SD** ☐ Change ☒ Addition
NAME **Roman, Robert #1301**
STREET ADDRESS **2444 N.W. 59th St.**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Sherman, Jeffrey #802**
STREET ADDRESS **2471 N.W. 59th St.**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Stanley Silverberg