


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 # 6300 Park of Commerce Blvd		3. Mailing Address 6300 Park of Commerce Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL BOCA RATON	
Zip 33487		Zip 33487	
Country USA		Country USA	
4. FEI Number 65-0291881		Applied For 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. 11784 WEST SAMPLE RD CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Prime Management Group Inc 6300 Park of Commerce Blvd Boca Raton, FL City: Boca Raton, FL Zip: 33487	
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: <u>Michael D. D'Amico, LAMCMCA, AMS</u> DATE: <u>9/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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	
TITLE	NAME	<input type="checkbox"/> Delete	P SCHULTHEIS, BOB
STREET ADDRESS	2411 NW 59 ST 203		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input type="checkbox"/> Delete	VPD GLUCKMAN, ROBERT
STREET ADDRESS	2441 NW 59TH ST 504		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input type="checkbox"/> Delete	SD ROMAN, ROBERT
STREET ADDRESS	2444 NW 59TH ST 1301		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input type="checkbox"/> Delete	TD KATZ, DAN
STREET ADDRESS	2451 NW 59 ST 603		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input type="checkbox"/> Delete	D SHERMAN, JEFFERY
STREET ADDRESS	2471 NW 59TH ST 802		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input type="checkbox"/> Delete	B 9/9/08
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director Schultheis, Bob
STREET ADDRESS	2411 NW 59 ST 203		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President Co Gluckman, Robert
STREET ADDRESS	2441 NW 59 ST 504		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer Roman, Robert
STREET ADDRESS	2444 NW 59TH ST 1301		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Secretary Sherman, Jeff
STREET ADDRESS	2471 NW 59TH ST 802		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Don Katz, Director
STREET ADDRESS	2451 NW 59 ST 603		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President Co Silverberg, Stan
STREET ADDRESS	2451 NW 59TH ST 802		
CITY-ST-ZIP	BOCA RATON, FL 33496		
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: <u>Robert Roman, Director</u> Date: <u>8/14/2008</u> 561 866 7756 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP -9 AM 8:18
300135962509
09/16/08--01018--008 **61.25



08062008 Chg-NP CR2E037 (12/06)