

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45664

FILED
Jan 30, 2012
Secretary of State

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

Current Principal Place of Business:

THE CONTINENTAL GROUP INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

THE CONTINENTAL GROUP INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0291881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKER LAW FIRM PA
400 S DIXIE HIGHWAY STE 420
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: SCHULTHEIS, BOB
Address: 2411 NW 59 ST 203
City-St-Zip: BOCA RATON, FL 33496

Title: PCO
Name: GLUCKMAN, ROBERT
Address: 2441 NW 59TH ST 504
City-St-Zip: BOCA RATON, FL 33496

Title: T
Name: ROMAN, ROBERT
Address: 2444 NW 59TH ST 1301
City-St-Zip: BOCA RATON, FL 33496

Title: D
Name: KATZ, DON
Address: 2451 NW 59 ST 603
City-St-Zip: BOCA RATON, FL 33496

Title: S
Name: MAYER, LEN
Address: 2471 NW 59TH ST 902
City-St-Zip: BOCA RATON, FL 33496

Title: PCO
Name: SILVERBERG, STAN
Address: 2451 NW 59TH ST #602
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STANLEY SILVERBERG

P

01/30/2012

Electronic Signature of Signing Officer or Director

_____ Date