

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90291 020 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45664

1. Entity Name

Clubsides Pointe at Broken Sound
Condominium Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 University Drive # 405

Suite, Apt. #, etc.

3. Mailing Address

3300 University Drive # 405

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number 65-0291881

Applied For
Not Applicable

Zip
33065

Country
USA

Zip
33065

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name United Community Management Corp

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

3300 University Drive # 405

City Coral Springs

FL

Zip Code
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

UNITED COMMUNITY MANAGEMENT CORP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 PD
NAME Schultheis, Bob
STREET ADDRESS 2411 NW 59 St #203, Boca Raton, FL 33496
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME Nagler, Dick
STREET ADDRESS 2434 NW 59 St # 1403, Boca Raton, FL 33496
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Goldsmith, Jay
STREET ADDRESS 2441 NW 59 St # 503, Boca Raton, FL 33496
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME Katz, Dan
STREET ADDRESS 2451 NW 59 St # 603, Boca Raton, FL 33496
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME Saul, Edward
STREET ADDRESS 2454 NW 59 St # 1202, Boca Raton, FL 33496
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Simon, Jack
STREET ADDRESS 6741 Country Club Lane, W Bloomfield MI 48222
CITY-ST-ZIP

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

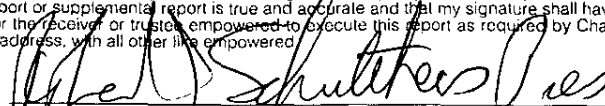
Date

Daytime Phone #

CR2E037B (12/02)

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment
2 0038561

DOCUMENT # N45664			
1. Entity Name Clubslope Pointe at Broken Sound Condominium Association, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3300 University Drive # 405 Suite, Apt. #, etc.		3. Mailing Address 3300 University Drive # 405 Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065	Country USA	Zip 33065	Country USA
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		7. Name and Address of Current Registered Agent	
		Name United Community Management Corp	
		Street Address (P.O. Box Number is Not Acceptable) 3300 University Drive # 405	
		City Coral Springs	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FEE IS \$61.25 Initial or Amended UBR		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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nagler, Dick 2434 NW 59 St # 1403, Boca Raton, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Saul, Edward 2454 NW 59 St # 1202, Boca Raton, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simon, Jack 6741 Country Club Lane, W Bloomfield MI 48322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/24/03 56-9943710	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E037B (12/02)