

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 737483 (8)

**1. Corporation Name
CLEARWATER POINT SWIM CLUB, INC.**

**Principal Place of Business
4175 E. Bay Dr.
Ste. 205
Clearwater, FL 34624**

**Mailing Address
4175 E. Bay Dr.
Ste. 205
Clearwater, FL 34624**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified
12/09/1976**

**3a. Date of Last Report
04/13/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1785075		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMUNITY MANAGEMENT CONCEPTS, INC.
4175 E. Bay Drive, Suite 205
Clearwater, FL 34624**

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. I want to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware of, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JRE **DATE:** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albrecht, Cliff	12 NAME	
STREET ADDRESS	830 S. Gulfview Blvd., #705	13 STREET ADDRESS	
CITY, ST, ZIP	Clearwater Beach, FL 34630	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Motter, Jim	22 NAME	COMNINEL, MARILYN
STREET ADDRESS	800 S. Gulfview Blvd., #508	23 STREET ADDRESS	851 S. BAYWAY BLVD. #807
CITY, ST, ZIP	Clearwater Beach, FL 34630	24 CITY, ST, ZIP	CLEARWATER, FL. 34630
TITLE	RSD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parks, Shirley	32 NAME	
STREET ADDRESS	855 S. Bayway, #706	33 STREET ADDRESS	
CITY, ST, ZIP	Clearwater Beach, FL 34630	34 CITY, ST, ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent, Sherry	42 NAME	
STREET ADDRESS	830 S. Gulfview Blvd., #305	43 STREET ADDRESS	
CITY, ST, ZIP	Clearwater Beach, FL 34630	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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05/04/95-01989-007
******130.00 ****130.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cliff E. Albrecht, President* **DATE:** *4/19/95* **PHONE:** *813-441-1591*

PRINTED NAME AND TYPE OF SIGNING OFFICER OR DIRECTOR: *Cliff E. Albrecht, Pres*