

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737483 (8)
1. Corporation Name
CLEARWATER POINT SWIM CLUB, INC.



Principal Place of Business: **4175 E BAY DRIVE SUITE 205 CLEARWATER FL 34624 US**
Mailing Address: **4175 E BAY DR SUITE 205 CLEARWATER FL 34624 US**

3. Date Incorporated or Qualified: **12/09/1976**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1785075**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent: **COMMUNITY MANAGEMENT CONCEPTS INC 4175 EAST BAY DRIVE SUITE 205 CLEARWATER FL 34624**
10. Name and Address of New Registered Agent: **81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required with annual report) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRECHT, CLIFF	12 NAME	Bob Bard
STREET ADDRESS	830 S. GULFVIEW BLVD 705	13 STREET ADDRESS	825 S. Gulfview Blvd, #311
CITY-ST-ZIP	CLEARWATER FL 34630	14 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMNINEL, MARILYN	22 NAME	Albrecht, Cliff
STREET ADDRESS	851 S. BAYWAY BLVD. #807	23 STREET ADDRESS	830 S. Gulfview Blvd. #705
CITY-ST-ZIP	CLEARWATER FL 34630	24 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	RSD <input type="checkbox"/> DELETE	31 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, SHIRLEY	32 NAME	Arlene Ferris
STREET ADDRESS	855 S. BAYWAY #706	33 STREET ADDRESS	800 S. Gulfview Blvd. #503
CITY-ST-ZIP	CLEARWATER FL 34630	34 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	TD <input checked="" type="checkbox"/> DELETE	41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, SHERRY	42 NAME	Parks, Shirley
STREET ADDRESS	830 S. GULFVIEW BLVD #305	43 STREET ADDRESS	855 S. Bayway #706
CITY-ST-ZIP	CLEARWATER FL 34630	44 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZAN, PAUL	52 NAME	
STREET ADDRESS	800 S. GULFVIEW BLVD #907	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNIERI, ED	62 NAME	
STREET ADDRESS	851 S. BAYWAY #408	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Bard SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/24/96 Daytime Phone # _____

CR2E037 (12/95)