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 Mar 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address

4175 E BAY DRIVE SUITE 205 CLEARWATER FL 34624 US
 4175 E BAY DR SUITE 205 CLEARWATER FL 34624-6977 US

3. Date Incorporated or Qualified 12/09/1976
 3a. Date of Last Report 03/28/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number 59-1785075 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BARD, BOB	1.1 TITLE	
NAME	825 S GULFVIEW BLVD #311	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V ALBRECHT, CLIFF	2.1 TITLE	
NAME	830 S GULFCIEW BLVD #705	2.2 NAME	
STREET ADDRESS	CLEARWATER FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD FERRIS, ARLENE	3.1 TITLE	
NAME	800 S GULFVIEW BLVD #503	3.2 NAME	
STREET ADDRESS	CLEARWATER FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	SD PARKS, SHIRLEY	4.1 TITLE	
NAME	855 S BAYWAY #706	4.2 NAME	
STREET ADDRESS	CLEARWATER FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: _____ 2-27-97 446-4659

CR2E037 (9/96)