

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 11 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>4175 E BAY DRIVE<br/>SUITE 205<br/>CLEARWATER FL 34624<br/>US</b> | Mailing Address<br><b>4175 E BAY DR<br/>SUITE 205<br/>CLEARWATER FL 34624<br/>US</b> |
|---|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>12/09/1976</b>   |   |   |
| 4. FEI Number<br><b>59-1785075</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

**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**

|  |                    |
|--|--------------------|
| <b>81</b> Name   |                    |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |                    |
| <b>83</b>  |                    |
| <b>84</b> City   | <b>85</b> 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 when reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                        |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|------------------------|---|--|
| TITLE<br><b>PD</b>                                | <b>BARD, BOB</b>       | <input checked="" type="checkbox"/> DELETE            |  |
| STREET ADDRESS<br><b>825 S GULFVIEW BLVD #311</b> | <b>CLEARWATER FL</b>   |   |  |
| CITY-ST-ZIP                                       |                        |   |  |
| TITLE<br><b>V</b>                                 | <b>ALBRECHT, CLIFF</b> | <input checked="" type="checkbox"/> DELETE            |  |
| STREET ADDRESS<br><b>830 S GULFVIEW BLVD #705</b> | <b>CLEARWATER FL</b>   |   |  |
| CITY-ST-ZIP                                       |                        |   |  |
| TITLE<br><b>TD</b>                                | <b>FERRIS, ARLENE</b>  | <input checked="" type="checkbox"/> DELETE            |  |
| STREET ADDRESS<br><b>800 S GULFVIEW BLVD #503</b> | <b>CLEARWATER FL</b>   |   |  |
| CITY-ST-ZIP                                       |                        |   |  |
| TITLE<br><b>SD</b>                                | <b>PARKS, SHIRLEY</b>  | <input type="checkbox"/> DELETE                       |  |
| STREET ADDRESS<br><b>855 S BAYWAY #708</b>        | <b>CLEARWATER FL</b>   |   |  |
| CITY-ST-ZIP                                       |                        |   |  |
| TITLE   |                        | <input type="checkbox"/> DELETE                       |  |
| NAME  |                        |   |  |
| STREET ADDRESS                                    |                        |   |  |
| CITY-ST-ZIP                                       |                        |   |  |
| TITLE   |                        | <input type="checkbox"/> DELETE                       |  |
| NAME  |                        |   |  |
| STREET ADDRESS                                    |                        |   |  |
| CITY-ST-ZIP                                       |                        |   |  |

|   |  |
|---|--|
| 1.1 TITLE<br><b>P.D.</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>CLIFF ALBRECHT</b>                       |  |
| 1.3 STREET ADDRESS<br><b>830 S. GULFVIEW BLVD, #705</b> |  |
| 1.4 CITY-ST-ZIP<br><b>CLEARWATER, FL</b>                |  |
| 2.1 TITLE<br><b>V.D.</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>BOB BARD</b>                             |  |
| 2.3 STREET ADDRESS<br><b>825 S. GULFVIEW BLVD, #311</b> |  |
| 2.4 CITY-ST-ZIP<br><b>CLEARWATER, FL</b>                |  |
| 3.1 TITLE<br><b>T.D.</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME<br><b>Arlene Ferris</b>                        |  |
| 3.3 STREET ADDRESS<br><b>800 S Gulfview Blvd #503</b>   |  |
| 3.4 CITY-ST-ZIP<br><b>Clearwater, FL</b>                |  |
| 4.1 TITLE<br><b>S.D.</b>                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME<br><b>Shirley Parks</b>                        |  |
| 4.3 STREET ADDRESS<br><b>855 S. BAYWAY #708</b>         |  |
| 4.4 CITY-ST-ZIP<br><b>Clearwater, FL</b>                |  |
| 5.1 TITLE<br><b>D</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME<br><b>Bob Kolner</b>                           |  |
| 5.3 STREET ADDRESS<br><b>868 S. Bayway Blvd m-310</b>   |  |
| 5.4 CITY-ST-ZIP<br><b>Clearwater, FL</b>                |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                      |  |
| 6.4 CITY-ST-ZIP   |  |

**14.** 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 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: Clifford C Mortham President 2/16/98 441-1591

CFR2037 (10/97)