


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90095 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737483**

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

Principal Place of Business 4175 E BAY DRIVE <del>SUITE 205</del> CLEARWATER FL 34624 <del>US</del>	Mailing Address 4175 E BAY DR SUITE 205 CLEARWATER FL 34624 <del>US</del>
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375409 - 90095 - 34



2. Principal Place of Business 21 6025 SUN BLVD. Suite, Apt. #, etc. 22 SUITE 202 City & State 23 ST. PETE. FL Zip 24 33715 Country 25 U.S.A.	2a. Mailing Address 26 6025 SUN BLVD Suite, Apt. #, etc. 27 SUITE 202 City & State 28 ST. PETE. FL Zip 29 33715 Country 30 USA	3. Date Incorporated or Qualified 12/09/1976 4. FEI Number 59-1785075 Applied For: Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 **RESOURCE PROPERTY MANAGEMENT**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 6025 SUN BLVD.  
 83 SUITE 202  
 84 City ~~FLORIDA~~ ST. PETE FL 85 Zip Code  
 33715

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 Alberto Freda DATE 4/1/99

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	ALBRECHT, CLIFF	
STREET ADDRESS	830 S GULFVIEW BLVD, #705	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/>
NAME	BARD, BOB	
STREET ADDRESS	825 S GULFVIEW BLVD, #311	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/>
NAME	FERRIS, ARLENE	
STREET ADDRESS	800 S GULFVIEW BLVD #503	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/>
NAME	PARKS, SHIRLEY	
STREET ADDRESS	855 S BAYWAY #706	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/>
NAME	KOLNER, BOB	
STREET ADDRESS	868 S BAYWAY BLVD, M-310	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: Signature Required Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)