


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90104 041 \*\*\*\*61.25

**DOCUMENT # 737483**  
 1. Entity Name  
**CLEARWATER POINT SWIM CLUB, INC.**



Principal Place of Business  
**800 S GULF VIEW BLVD**  
**CLEARWATER BEACH, FL 33767 US**

Mailing Address  
**7300 PARK ST**  
**SEMINOLE, FL 33777 US**

**50025710**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02242005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-1785075**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RESOURCE PROPERTY MGMT**  
**7300 PARK ST**  
**SEMINOLE, FL 33777**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUZZO, PAT			NAME			
STREET ADDRESS	851 S. BAYWAY BLVD., #604			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IMREDY, EDITH			NAME			
STREET ADDRESS	851 S. BAYWAY BLVD., #701			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIGHT, BOB			NAME	Brennan Beenie		
STREET ADDRESS	845 S. GULFVIEW BLVD., #104			STREET ADDRESS	851 S. Bayway Blvd # 101		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767			CITY-ST-ZIP	Clearwater Beach, FL 33767		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRECHT, JAN ALBRECHT			NAME			
STREET ADDRESS	830 S. GULFVIEW BLVD., 705			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCAFOOS, FRAN			NAME			
STREET ADDRESS	868 S. BAYWAY BVLD #212			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33767			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT RUZZO **PAT RUZZO, PRES** 2/28/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #