

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

004630

05-16-2003 90186 046 ****61.25

DOCUMENT # 737483

1. Entity Name
CLEARWATER POINT SWIM CLUB, INC.



Principal Place of Business 5901 SUN BLVD STE 200 ST PETERSBURG FL 33715 US	Mailing Address 5901 SUN BLVD STE 200 ST PETERSBURG FL 33715 US
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2. Principal Place of Business 800 S. Gulfview Blvd	3. Mailing Address 7300 Park St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater FL	City & State Seminole FL
Zip 33767	Zip 33777
Country USA	Country USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1785075**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RESOURCE PROPERTY MGMT
5901 SUN BLVD
STE 200
ST PETERSBURG FL 33715**

7. Name and Address of New Registered Agent

Name **Resource Property Mgmt**
Street Address (P.O. Box Number is Not Acceptable)
7300 Park Street
City **Seminole** FL Zip Code **33777**

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]* DATE 5/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D FILSKOV, JUNE 855 BAYWAY BLVD. #708 CLEARWATER FL 34630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIDEROPOILOS, SAKIL 800 S. GULFVIEW BLVD #802 CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HODGES, DONNA 845 S. GULFVIEW BLVD #204 CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKS, SHIRLEY 855 S BAYWAY #706 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCAFOOS, FRAN 868 S. BAYWAY BULD #212 CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATRICIA GRANZIG 830 GULFVIEW BLVD #906 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM GRANZIG 830 GULFVIEW BLVD #906 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGGIE BRENNAN 851 S. BAYWAY BLVD #101 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE 4/8/03 APR 30 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/02)