

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 25, 2024**

**Secretary of State  
7785310292CC**

DOCUMENT# 737483

**Entity Name:** CLEARWATER POINT SWIM CLUB, INC.

**Current Principal Place of Business:**

7300 PARK ST  
SEMINOLE, FL 33777

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777 US

**FEI Number: 59-1785075**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RABIN, PARKER  
28163 US HWY 19 N  
CLEARWATER, FL 33761 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WECHSLER, ILANA  
Address         7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name            DESANTIS, RICHARD  
Address         7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            SECRETARY  
Name            TARLETON, SHIRLEY  
Address         7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            TREASURER  
Name            KLINGMAN, RAPHAEL  
Address         7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            MEO, SAM  
Address         7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            SALIEMO, TONY  
Address         7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            GUSS, CHARLES  
Address         7300 PARK ST  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            SCHAEFER, DENISE  
Address         7300 PARK ST  
City-State-Zip: CLEARWATER FL 33777

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ILANA WECHSLER**

**PRESIDENT**

**03/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LAGATTUTA, JIM  
Address 7300 PARK ST  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name DINATALE, ANNE  
Address 7300 PARK ST  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name RADISIC, MARKO  
Address 7300 PARK ST  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name JANSEN, GREG  
Address 7300 PARK ST  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name PARTSINEVELOS, GEORGE  
Address 7300 PARK ST  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name GUTIERREZ, JIM  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777