

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737483

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

**Current Principal Place of Business:**

7300 PARK STREET  
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            RUZZO, PAT  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DS  
Name            BUONO, CHRIS  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

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

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

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

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

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

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

**Continues on page 2**

*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: PAT RUZZO**

**PRESIDENT**

**04/17/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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

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