

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737483

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

**Current Principal Place of Business:**

845 S GULFVIEW DR  
CLEARWATER, FL 33767

**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            SPANDE, GERRY  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

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

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

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

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

Title            DIRECTOR  
Name            GILLEN, FRANCIS  
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            TREASURER  
Name            BRYNES, KEVIN  
Address        7300 PARK ST  
City-State-Zip: SEMINOLE 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: GERRY SPANDE**

**PRESIDENT**

**04/17/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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