## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 737483**

FILED Apr 20, 2006 Secretary of State

Entity Name: CLEARWATER POINT SWIM CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

800 S GULF VIEW BLVD

CLEARWATER BEACH, FL 33767 US

**Current Mailing Address: New Mailing Address:** 

7300 PARK ST

SEMINOLE, FL 33777 US

FEI Number: 59-1785075 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RESOURCE PROPERTY MGMT 7300 PARK ST SEMINOLE, FL 33777 US

**OFFICERS AND DIRECTORS:** 

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:

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

RUZZO, PAT WECHSLER, ILANA Name: Name: 851 S. BAYWAY BLVD., #604 Address: 895 S. BAYWAY BLVD., #110 Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Delete Title: () Change () Addition

IMREDY, EDITH Name: Name: Address: 851 S. BAYWAY BLVD., #701 Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

BRENNA, BEENIE BRIGHT, MAXINE Name: Name: 851 S BAYWAY BLVD #101 Address: Address: 868 S BAYWAY BLVD #207 City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767

( ) Delete Title: SD Title: () Change () Addition

ALBRECHT, JAN Name: Name: 830 S. GULFVIEW BLVD., 705 Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change ( ) Addition

MCAFOOS, FRAN Name: Name: CARLEY, GERALD 868 S. BAYWAY BVLD #212 868 S. BAYWAY BVLD #204 Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ILANA WECHSLER PD 04/20/2006