

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759153 (0)**

1. Corporation Name  
**SAFETY HARBOR CLUB, INC.**



Principal Place of Business <b>#1 HARBOR BEND DRIVE P.O. BOX 2276 PINELAND FL 33945-9276</b>	Mailing Address <b>#1 HARBOR BEND DRIVE P.O. BOX 2276 PINELAND FL 33945</b>
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3. Date Incorporated or Qualified <b>07/13/1981</b>	3a. Date of Last Report <b>03/06/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2196960</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**HUNT, JACK A.  
#6 Joses Hideaway  
SAFETY HARBOR CLUB  
PINELAND FL 33945**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ZIMMERMAN, SAM</b>
STREET ADDRESS	<b>49 EAST RIVER RD</b>
CITY-ST-ZIP	<b>RUMSON NJ</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COTTONE, ANTHONY</b>
STREET ADDRESS	<b>140 HARBOR</b>
CITY-ST-ZIP	<b>HEAD OF THE HARBOR NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCLEAN, EMILY</b>
STREET ADDRESS	<b>1063 DAQWICK CT</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>OSBORN, ZEBULON</b>
STREET ADDRESS	<b>19045 LAKE SWATARA DR</b>
CITY-ST-ZIP	<b>EUSTIS FL</b>
TITLE	<b>DM</b> <input type="checkbox"/> DELETE
NAME	<b>HUNT, JACK</b>
STREET ADDRESS	<b>#6 JOSE'S HIDEWAY</b>
CITY-ST-ZIP	<b>PINELAND FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>TUCHI, JAMES</b>
STREET ADDRESS	<b>62 PENNINGTON RD.</b>
CITY-ST-ZIP	<b>NEW BRUNSWICK NJ</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Emily McLean</b>
3.3 STREET ADDRESS	<b>11 Ridge Line Dr.</b>
3.4 CITY-ST-ZIP	<b>St. Louis, MO 63122</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>William J. St. John, Jr.</b>
4.3 STREET ADDRESS	<b>22 Kettle-town Woods Rd.</b>
4.4 CITY-ST-ZIP	<b>Southbury, CT 06488</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **J. A. Hunt** 2/14/97 (941) 472-1019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079530

CR2E037 (9/96)

D  
Larry Blevins  
7700 N. Hazelwood Dr.  
Lincoln, NE 68510

D  
Alan Martin  
4541 Harbordend Dr.  
Pineland, FL 33945

V  
Joe Silverstein  
543 North St.  
New Bedford, MA 02740

D  
John Loesch  
2100 East 35th St.  
Joplin, MO 64804

D  
Ralph Cusick  
1440 New York Ave. NW  
Washington, DC 20005

D  
Betty Mortimer  
20 Buttonball Lane  
Weston, CT 06883

D  
Bill St. John  
22 Kettletown Woods Rd.  
Southbury, CT 06488

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	Beverly Holley
2.3 STREET ADDRESS	386 Westwinds Dr.
2.4 CITY-ST-ZIP	Palm Harbor, FL 34683
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	Joe Silverstein
3.3 STREET ADDRESS	130 Clarendon St.
3.4 CITY-ST-ZIP	N. Dartmouth, MA 02747
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME	John Loesch
4.3 STREET ADDRESS	POB 3006
4.4 CITY-ST-ZIP	Pineland, FL 33945
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME	Phil Yarnell
1.3 STREET ADDRESS	POB 329
1.4 CITY-ST-ZIP	Pineland, FL 33945
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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4.3 STREET ADDRESS	
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5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	