

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 759153 (0)

1. Corporation Name
SAFETY HARBOR CLUB, INC.



Principal Place of Business #1 HARBOR BEND DRIVE P.O. BOX 2276 PINELAND FL 33945-9276	Mailing Address #1 HARBOR BEND DRIVE P.O. BOX 2276 PINELAND FL 33945-9276
---	---

3. Date Incorporated or Qualified
07/13/1981

4. FEI Number
59-2196960

Applied For	Not Applicable
-------------	----------------

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, SAM	1.2 NAME	
STREET ADDRESS	49 EAST RIVER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUMSON NJ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTONE, ANTHONY	2.2 NAME	
STREET ADDRESS	140 HARBOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HEAD OF THE HARBOR NY	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, EMILY	3.2 NAME	David Bauman
STREET ADDRESS	11 RIDGE LINE DR	3.3 STREET ADDRESS	111 Holly Ln.
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	Woodstown, NJ 08098
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, ZEBULON	4.2 NAME	William J. St. John, Jr.
STREET ADDRESS	19045 LAKE SWATARA DR	4.3 STREET ADDRESS	22 Kettletown Woods
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	Southbury, CT 06488
TITLE	DM <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HUNT, JACK	5.2 NAME	
STREET ADDRESS	#6 JOSE'S HIDEWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELAND FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHI, JAMES	6.2 NAME	
STREET ADDRESS	62 PENNINGTON RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRUNSWICK NJ	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, SAM	1.2 NAME	
STREET ADDRESS	49 EAST RIVER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUMSON NJ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTONE, ANTHONY	2.2 NAME	
STREET ADDRESS	140 HARBOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HEAD OF THE HARBOR NY	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, EMILY	3.2 NAME	David Bauman
STREET ADDRESS	11 RIDGE LINE DR	3.3 STREET ADDRESS	111 Holly Ln.
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	Woodstown, NJ 08098
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, ZEBULON	4.2 NAME	William J. St. John, Jr.
STREET ADDRESS	19045 LAKE SWATARA DR	4.3 STREET ADDRESS	22 Kettletown Woods
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	Southbury, CT 06488
TITLE	DM <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HUNT, JACK	5.2 NAME	
STREET ADDRESS	#6 JOSE'S HIDEWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELAND FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHI, JAMES	6.2 NAME	
STREET ADDRESS	62 PENNINGTON RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRUNSWICK NJ	6.4 CITY-ST-ZIP	

14. I 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: *[Handwritten Signature]* *[Handwritten Initials]*

CR2E037 (10/97)

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

D
 Beverly Holley
 386 Westwinds Dr.
 Palm Harbor, FL 34683

V
 Joe Silverstein
 130 Clarendon St.
 N. Dartmouth, MA 02747

D
 John Loesch
 POB 3006 "NA"
 Pineland, FL 33945

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

D
 Betty Mortimer
 20 Buttonball Lane
 Weston, CT 06883

D Delete
 Phil Yarnell
 POB 329 "NA"
 Pineland, FL 33945

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
5.2 NAME	Ralph Cusick
5.3 STREET ADDRESS	4815 Fort Sumner Dr.
5.4 CITY-ST-ZIP	Bethesda, MD 20816
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
6.2 NAME	Betty Mortimer
6.3 STREET ADDRESS	POB 873 "NA"
6.4 CITY-ST-ZIP	Mount Laurel, NJ 08054
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	Dan Thurman
1.3 STREET ADDRESS	POB 358 "NA"
1.4 CITY-ST-ZIP	Pineland, FL 33945
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	