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**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90047 021 \*\*\*\*61.25

0062530

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 759153**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/13/1981

4. FEI Number  
 59-2196960

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

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

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **P**  
**ZIMMERMAN, SAM**  
 STREET ADDRESS **49 EAST RIVER RD**  
 CITY-ST-ZIP **RUMSON NJ**

TITLE  DELETE  
 NAME **D**  
**COTTONE, ANTHONY**  
 STREET ADDRESS **140 HARBOR**  
 CITY-ST-ZIP **HEAD OF THE HARBOR NY**

TITLE  DELETE  
 NAME **D**  
**BAUMAN, DAVID**  
 STREET ADDRESS **11 HOLLY LN**  
 CITY-ST-ZIP **WOODSTOWN NJ 08098**

TITLE  DELETE  
 NAME **S**  
**ST JOHN, JR W**  
 STREET ADDRESS **22 KETTLETOWN WOODS**  
 CITY-ST-ZIP **SOUTHURY CT 06488**

TITLE  DELETE  
 NAME **DM**  
**HUNT, JACK**  
 STREET ADDRESS **#6 JOSE'S HIDEWAY**  
 CITY-ST-ZIP **PINELAND FL**

TITLE  DELETE  
 NAME **T**  
**TUCHI, JAMES**  
 STREET ADDRESS **62 PENNINGTON RD.**  
 CITY-ST-ZIP **NEW BRUNSWICK NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME **D**  
**Lou Edmondson**  
 3.3 STREET ADDRESS **351 Sixth Avenue, W.**  
 3.4 CITY-ST-ZIP **Bradenton, FL 34205**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME **DM**  
**Louis M. Volpe**  
 5.3 STREET ADDRESS **69 Townhouse Lane**  
 5.4 CITY-ST-ZIP **Pineland, FL 33945**

6.1 TITLE  Change  Addition  
 6.2 NAME **T**  
**Robert Diefenbach**  
 6.3 STREET ADDRESS **235 Boston Post Road**  
 6.4 CITY-ST-ZIP **Rye, NY 10580**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Louis M. Volpe 4/23/99 (941)472-1019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

545653 700411-21  
75A153

D  
Delete  
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.  
Dartmouth, MA 02747

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

D  
Ralph Cusick  
4815 Fort Sumner Dr.  
Bethesda, MD 20816

D  
Betty Mortimer  
POB 873 "NA"  
Mount Laurel, NJ 08054

D  
Dan Thurman  
POB 358 "NA"  
Pineland, FL 33945

1.1		ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
1.1 TITLE	D	Richard Flaherty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		217 20th Avenue, N.	
1.3 STREET ADDRESS		St. Petersburg, FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	Betty Mortimer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		POB 494 "NA"	
6.3 STREET ADDRESS		Pineland, FL 33945	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition