


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 759153 1. Entity Name SAFETY HARBOR CLUB, INC.					
Principal Place of Business #1 HARBOR BEND DRIVE PINELAND, FL 33945-9276		Mailing Address P.O. BOX 2276 PINELAND, FL 33945-9276			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-2196960		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ. 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			Signature _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TD NAME WALSH, MARILYN STREET ADDRESS 480 N. MCCLURG CT #320 CITY-ST-ZIP CHICAGO, IL 60611	<input type="checkbox"/> Delete		TITLE TD NAME MORTIMER, TERRY STREET ADDRESS P.O. BOX 494 CITY-ST-ZIP PINELAND, FLA 33945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CAPLE TARRIER, CAROL STREET ADDRESS 5319 PARK DRIVE CITY-ST-ZIP VERMILION, OM 44039	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME DIEFENBACH, ROBERT STREET ADDRESS 55 CENTRAL PARK WEST, GF CITY-ST-ZIP NEW YORK, NY 10023	<input type="checkbox"/> Delete		TITLE PO NAME RICHARDSON, DEANS STREET ADDRESS 860 OLD WOODS ROAD CITY-ST-ZIP COLUMBUS, OH 43235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME WILDEMAN, ROY STREET ADDRESS PO BOX 3038 CITY-ST-ZIP PINELAND, FL 33945	<input type="checkbox"/> Delete		TITLE VPD NAME HALL, MARION STREET ADDRESS 30 LOADING PLACE ROAD CITY-ST-ZIP MANCHESTER, MA 01944	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Terry J. Mortimer</u> <u>Terry J. Mortimer</u> <u>4-19-04</u> <u>229-282-0230</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone #</small>					