


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 759153 1. Entity Name SAFETY HARBOR CLUB, INC. |  |
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| Principal Place of Business #1 HARBOR BEND DRIVE PINELAND, FL 33945-9276 | Mailing Address P.O. BOX 2276 PINELAND, FL 33945-9276 |
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01112007 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 59-2196960 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HART, THOMAS ESQ
 1625 HENDRY STREET
 3RD FLOOR
 FORT MYERS, FL 33901

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

000000590981
 01/19/07-80004-020 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VAN RIPER, DANIEL POINTE ROYALS 1303, 1920 VIRGINIA AVE FORT MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D BEIERMEISTER, JOANN 155 N. MAIN STREET BOONTON, NJ 07005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FRENCH, DOUGLAS 13517 WESTON PARK DR SAINT LOUIS, MO 63131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CRAVEN, SHARON P.O. BOX 396 PINELAND, FL 33945 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 1/12/2007 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR