

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2005 8:00 am
Secretary of State

04-29-2005 90249 027 ****61.25

66025730



1st MOORE CR2E037 (10/04)

DOCUMENT # N040C0002047			
1. Entity Name SAFETY HARBOR PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 100 BAYVIEW DRIVE ISLAMORADA FL 33036		Mailing Address 100 BAYVIEW DRIVE ISLAMORADA FL 33036	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FLAGG, DEBORAH 100 BAYVIEW DRIVE ISLAMORADA FL 33036		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 <i>Deborah Flagg</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25: Due By May 1, 2005		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	P SPOHN, RICHARD 112 WILLOW LANE ISLAMORADA FL 33036	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V OCKERLUND, FRED 423 PALM DRIVE ISLAMORADA FL 33036	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST FLAGG, DEBORAH 100 BAYVIEW DRIVE ISLAMORADA FL 33036	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DOUGLAS, KEITH 113 WILLOW LANE ISLAMORADA FL 33036	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D TURNER, DAVID 141 BAYVIEW DRIVE ISLAMORADA FL 33036	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MCCALL, RICHARD 109 WILLOW LANE ISLAMORADA FL 33036	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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: <i>Deborah Flagg</i>		Date: 4-23-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305.664.2303	