

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002047

FILED
Apr 16, 2009
Secretary of State

Entity Name: SAFETY HARBOR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

100 BAYVIEW DRIVE
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

100 BAYVIEW DRIVE
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 59-2534121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAGG, DEBORAH
100 BAYVIEW DRIVE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPOHN, RICHARD
Address: 112 WILLOW LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: ST () Delete
Name: FLAGG, DEBORAH
Address: 100 BAYVIEW DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: DOUGLAS, KEITH
Address: 113 WILLOW LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: P () Delete
Name: TURNER, DAVID
Address: 141 BAYVIEW DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: MCCALL, RICHARD
Address: 109 WILLOW LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: NORRIS, CHARLOTTE
Address: 105 WILLOW LN
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH FLAGG

Electronic Signature of Signing Officer or Director

SECT

04/16/2009

_____ Date