

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759153

**Entity Name:** SAFETY HARBOR CLUB, INC.

**Current Principal Place of Business:**

#1 HARBOR BEND DRIVE  
PINELAND, FL 33945

**FILED**  
**Jan 19, 2023**  
**Secretary of State**  
**8277722345CC**

**Current Mailing Address:**

P.O. BOX 2276  
PINELAND, FL 33945 US

**FEI Number: 59-2196960**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COOPER, ROBERT ESQ  
2400 FIRST STREET  
STE 300  
FORT MYERS, FL 33901 US

*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: ROBERT COOPER, ESQ.**

**01/19/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           RINALDI, TOM  
Address        P.O. BOX 359  
City-State-Zip: PINELAND FL 33945

Title           SECRETARY  
Name           STEWART, CAITLIN  
Address        2296 SATTERBURY CT  
City-State-Zip: DUBLIN OH 43016

Title           DIRECTOR  
Name           ANDERSON, MICHAEL  
Address        17540 WINDEMERE RD  
City-State-Zip: BROOKFIELD WI 53045

Title           VP  
Name           WILCOX, DAVID  
Address        3707 CLEVELAND AVENUE  
City-State-Zip: FORT MYERS FL 33901

Title           TREASURER  
Name           DOWNES, KARI RAI  
Address        1358 SW MEDWYN TERRACE  
City-State-Zip: PORTLAND OR 97219

Title           DIRECTOR  
Name           HORSTMAN, CHRIS  
Address        P.O. BOX 393  
City-State-Zip: PINELAND FL 33945

Title           DIRECTOR  
Name           GROSS, RICHARD  
Address        251 MAPLE AVENUE  
City-State-Zip: ORADELL NJ 07649

Title           DIRECTOR  
Name           MCDONALD, ZEKE  
Address        P.O. BOX 185  
City-State-Zip: CAPTIVA FL 33924

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: CAITLIN STEWART**

**SECRETARY**

**01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MCDONALD, TIM  
Address        55 ZEB COVE ROAD  
City-State-Zip: CAPE ELIZABETH ME 04107