

2024 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

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.

02/22/2024

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

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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: TOM RINALDI

PRESIDENT

02/22/2024

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