

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002047

**FILED**  
**Feb 02, 2015**  
**Secretary of State**  
**CC1288587707**

**Entity Name:** SAFETY HARBOR PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

141 BAYVIEW DRIVE  
ISLAMORADA, FL 33036

**Current Mailing Address:**

141 BAYVIEW DRIVE  
ISLAMORADA, FL 33036

**FEI Number:** 59-2534121

**Certificate of Status Desired:** No

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

TURNER, DAVID B  
141 BAYVIEW DRIVE  
ISLAMORADA, FL 33036 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SPOHN, RICHARD  
Address 112 WILLOW LANE  
City-State-Zip: ISLAMORADA FL 33036

Title S  
Name ZACHER, LEROY  
Address 122 BAYVIEW DRIVE  
City-State-Zip: ISLAMORADA FL 33036

Title VP  
Name DOUGLAS, KEITH  
Address 113 WILLOW LANE  
City-State-Zip: ISLAMORADA FL 33036

Title P  
Name TURNER, DAVID  
Address 141 BAYVIEW DRIVE  
City-State-Zip: ISLAMORADA FL 33036

Title T  
Name WARD, JENNIE  
Address 106 BAYVIEW DRIVE  
City-State-Zip: ISLAMORADA FL 33036

*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:** DAVID B. TURNER

**PRESIDENT**

**02/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date