

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759153 (0)
1. Corporation Name
SAFETY HARBOR CLUB, INC.

Principal Place of Business Mailing Address
#1 HARBOR BEND DRIVE #1 HARBOR BEND DRIVE
P.O. BOX 2276 P.O. BOX 2276
PINELAND FL 33945-9276 PINELAND FL 33945-9276

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1981 3a. Date of Last Report 01/31/1994
4. FEI Number 59-2196960 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
HUNT, JACK A.
#6 JONES HIDEAWAY
SAFETY HARBOR CLUB
PINELAND FL 33945

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME ZIMMERMAN, SAM
STREET ADDRESS 49 EAST RIVER RD
CITY-ST-ZIP RUMSON NJ
TITLE D
NAME ~~VOLPE, ANGELA~~
STREET ADDRESS ~~HARBOR BEND DRIVE~~
CITY-ST-ZIP ~~PINELAND FL~~
TITLE D
NAME MCLEAN, EMILY
STREET ADDRESS 1063 DARWICK CT
CITY-ST-ZIP ST LOUIS MO
TITLE S
NAME OSBORN, ZEBULON
STREET ADDRESS 19505 DORR RD
CITY-ST-ZIP ALTOONA FL
TITLE DM
NAME HUNT, JACK
STREET ADDRESS #6 JOSE'S HIDEAWAY
CITY-ST-ZIP PINELAND FL
TITLE T
NAME TUCHI, JAMES
STREET ADDRESS 62 PENNINGTON RD.
CITY-ST-ZIP NEW BRUNSWICK NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Cottone, Anthony
2.3 STREET ADDRESS 140 Harbor
2.4 CITY-ST-ZIP Head of the Harbor, NY 11780
3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME McLean, Emily
3.3 STREET ADDRESS 1063 Darwick Ct.
3.4 CITY-ST-ZIP St. Louis, MO 63132
4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Osborn, Zebulon
4.3 STREET ADDRESS 19045 Lake Swatara Dr.
4.4 CITY-ST-ZIP Eustis, FL 32726
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. A. Hunt

1/18/95

813-472-1019

(Date)

(Telephone Number)

D
 Peter Jeffers
 9050 Henderson Grade Rd.
 N. Fort Myers, FL 33917

D
 Alan Martin
 4541 Harborbend Dr.
 Pineland, FL 33945

D
 Joe Silverstein
 543 North St.
 New Bedford, MA 02740

D
 Lynn Waller
 57-24 Bridgewaters Dr.
 Oceanport, NJ 07757

D
 Ralph Cusick
 1440 New York Ave. NW
 Washington, DC 20005

D
 Bob Rowden
 790 Andrews Ave., A203
 Delray Beach, FL 33483

D
 Marion Hall
 30 Loading Place Rd.
 Manchester, MA 01944

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D ☒ Change ☐ Addition
1.2 NAME	Larry Blevins
1.3 STREET ADDRESS	7700 N. Hazelwood Dr.
1.4 CITY-ST-ZIP	Lincoln, NE 68510
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V ☒ Change ☐ Addition
4.2 NAME	Joe Silverstein
4.3 STREET ADDRESS	543 North St.
4.4 CITY-ST-ZIP	New Bedford, MA 02740
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D ☒ Change ☐ Addition
3.2 NAME	Bill St. John
3.3 STREET ADDRESS	22 Kettletown Woods Rd.
3.4 CITY-ST-ZIP	Southbury, CT 06488
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	