

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 24, 2008 8:00 am
Secretary of State**

01-24-2008 90029 002 ****61.25

DOCUMENT # 759153



1. Entity Name
SAFETY HARBOR CLUB, INC.

Principal Place of Business
#1 HARBOR BEND DRIVE
PINELAND, FL 33945-9276

Mailing Address
P.O. BOX 2276
PINELAND, FL 33945-9276

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HART, THOMAS ESQ
1625 HENDRY STREET
3RD FLOOR
FORT MYERS, FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD Delete
NAME VAN RIPER, DANIEL
STREET ADDRESS POINTE ROYALS 1303, 1920 VIRGINIA AVE
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD Change Addition
FRENCH, DOUGLAS
13517 WESTON PARK DRIVE
SAINT LOUIS, MO 63131

TITLE P/D Delete
NAME BEIERMEISTER, JOANN
STREET ADDRESS 155 N. MAIN STREET
CITY-ST-ZIP BOONTON, NJ 07005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD Change Addition
MURPHY, ANN
P.O. Box 437
MT. ARLINGTON, NJ. 07856

TITLE SD Delete
NAME FRENCH, DOUGLAS
STREET ADDRESS 13517 WESTON PARK DR
CITY-ST-ZIP SAINT LOUIS, MO 63131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD Delete
NAME CRAVEN, SHARON
STREET ADDRESS P.O. BOX 396
CITY-ST-ZIP PINELAND, FL 33945

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Van Riper DANIEL VAN RIPER, Treasurer 1/4/08 2394721019
Signature and Typed or Printed Name of Signing Officer or Director
Date Daytime Phone #