


FILE NOW: FILING FEE IS \$61.25

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**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90056 002 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002782**

1. Corporation Name

**SAFETY HARBOR DOWNTOWN BUSINESS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

630 SECOND STREET, SOUTH  
 SAFETY HARBOR FL 34695

P. O. BOX 585  
 SAFETY HARBOR FL 34695



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/31/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3319699	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

EGNER, FLOYD III  
 630 SECOND STREET, SO  
 SUITE B  
 SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	No Suite necessary
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Susan L. Suby  
 Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

02-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WHEELER	1.2 NAME	Don Thornburg
STREET ADDRESS	980 MAIN ST	1.3 STREET ADDRESS	344 Main Street
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	Safety Harbor, FL
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBY, SUE	2.2 NAME	
STREET ADDRESS	630 SECOND ST S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD EGNER	3.2 NAME	
STREET ADDRESS	630 SECOND ST, S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARYL SANTUCCI	4.2 NAME	cheryl Santucci
STREET ADDRESS	509 MAIN ST	4.3 STREET ADDRESS	246 Second St. N.
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	Safety Harbor, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKERS, ALISON	5.2 NAME	Emily Golden
STREET ADDRESS	470 SECOND ST N	5.3 STREET ADDRESS	231 Main Street
CITY-ST-ZIP	SAFETY HARBOR FL	5.4 CITY-ST-ZIP	Safety Harbor, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Susan L. Suby **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-99

Date

727-726-7407

Daytime Phone #

CR2E037 (1/1/98)