2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# N95000001058

Entity Name: SAFE HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3150 SAFE HARBOR DR
NAPLES, FL 34117

New Principal Place of Business:

3170 SAFE HARBOR DR
NAPLES, FL 34117

Current Mailing Address:

3150 SAFE HARBOR DR
NAPLES, FL 34117

New Mailing Address:

3170 SAFE HARBOR DR
NAPLES, FL 34117

FEI Number: 65-0651174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAY, CHRISTINE
3170 SAFE HARBOR DR.
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSON, TERRRENCE
Address: 3525 SECOND AVE
City-St-Zip: SACRAMENTO, CA 95817

Title: D ( ) Delete
Name: ARREAGA, CARLOS
Address: 3190 SAFE HARBOR DR
City-St-Zip: NAPLES, FL 34117

Title: D ( ) Delete
Name: RAY, CHRISTINE
Address: 3170 SAFE HARBOR DR
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ARREAGA, CARLOS
Address: 3180 SAFE HARBOR DR
City-St-Zip: NAPLES, FL 34117

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS ARREAGA D 07/13/2009

Electronic Signature of Signing Officer or Director — Date