

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 759153

**Entity Name:** SAFETY HARBOR CLUB, INC.

**Current Principal Place of Business:**

#1 HARBOR BEND DRIVE  
PINELAND, FL 33945

**Current Mailing Address:**

P.O. BOX 2276  
PINELAND, FL 33945 US

**FEI Number:** 59-2196960

**Certificate of Status Desired:** No

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

HART, THOMAS ESQ  
1625 HENDRY STREET  
3RD FLOOR  
FORT MYERS, FL 33901 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            PRESIDENT  
Name            RINALDI, TOM  
Address        P.O. BOX 359  
City-State-Zip: PINELAND FL 33945

Title            SECRETARY  
Name            STEWART, CAITLIN  
Address        2296 SATTERBURY CT  
City-State-Zip: DUBLIN OH 43016

Title            DIRECTOR  
Name            ANDERSON, MICHAEL  
Address        17540 WINDEMERE RD  
City-State-Zip: BROOKFIELD WI 53045

Title            SECRETARY  
Name            IRVINE, JEFFREY  
Address        2138 CARROLL CREEK RD  
City-State-Zip: JOHNSON CITY TN 37615

Title            DIRECTOR  
Name            WILCOX, DAVID  
Address        3707 CLEVELAND AVENUE  
City-State-Zip: FORT MYERS FL 33901

Title            TREASURER  
Name            DOWNES, KARI RAI  
Address        1358 SW MEDWYN TERRACE  
City-State-Zip: PORTLAND OR 97219

Title            DIRECTOR  
Name            HORSTMAN, CHRIS  
Address        P.O. BOX 393  
City-State-Zip: PINELAND FL 33945

Title            DIRECTOR  
Name            GROSS, RICHARD  
Address        251 MAPLE AVENUE  
City-State-Zip: ORADELL NJ 07649

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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: KARI RAI DOWNES**

**TREASURER**

**04/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	MCDONALD, ZEKE	Name	MCDONALD, TIM
Address	P.O. BOX 185	Address	55 ZEB COVE ROAD
City-State-Zip:	CAPTIVA FL 33924	City-State-Zip:	CAPE ELIZABETH ME 04107