

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737723

FILED
Jan 03, 2012
Secretary of State

Entity Name: SLEEPY LAGOON PROPERTY OWNERS, INC.

Current Principal Place of Business:

413 RED SAIL WAY
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

PO BOX 372524
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-1743608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JAY S
476 SAILFISH COVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

BAULIG, WILLIAM M
413 RED SAIL WAY
SATELLITE BEACH, FL 32937 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: WILLIAM BAULIG

01/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HARRIS, WILLIAM
Address: 424 RED SAIL WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T
Name: BAULIG, WILLIAM M
Address: 413 RED SAIL WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP
Name: GREENBERG, LYNN
Address: 428 RED SAIL WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S
Name: MORRIS, DONNA
Address: 465 RED SAIL WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DIR
Name: HARRIS, BEVERLY
Address: 424 RED SAIL WAY
City-St-Zip: SATELLITE BEACH, FL 32937

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: WILLIAM BAULIG

T

01/03/2012

Electronic Signature of Signing Officer or Director

Date