

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737723** (7)

1. Corporation Name

**SLEEPY LAGOON PROPERTY OWNERS, INC.**



Principal Place of Business	Mailing Address
P. O BOX 372524 SATELLITE BEACH FL 32937	P. O BOX 372524 SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified

**12/30/1976**

4. FEI Number

**59-1743608**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNELL, KATHLEEN M**  
**492 RED SAIL WAY**  
**SATELLITE BEACH FL 32937**

81 Name

**William Britz**

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

**425 Red Sail Way**

83

84 City

**Satellite Beach**

**FL**

85 Zip Code

**32937**

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

*William Britz* (SECTY)

**7 July 98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **STAYLOR, JAMES**  
CITY-ST-ZIP **409 RED SAIL WAY**  
**SATELLITE BEACH FL**

TITLE ☒ DELETE

NAME **VD**  
STREET ADDRESS **KEANE, PARTRICK**  
CITY-ST-ZIP **420 RED SAIL WAY**  
**SATELLITE BEACH FL**

TITLE ☒ DELETE

NAME **TD**  
STREET ADDRESS **SHATTUCK, ELIZABETH**  
CITY-ST-ZIP **484 SAIL FISH COVE**  
**SATELLITE BEACH FL**

TITLE ☒ DELETE

NAME **SD**  
STREET ADDRESS **WILSON, DEE**  
CITY-ST-ZIP **481 SAIL FISH COVE**  
**SATELLITE BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

**Gerald Scrosati**  
**468 Sailfish Cove**  
**Satellite Beach, FL 32937**

TD

**Fayette Brown III**  
**429 Red Sail Way**  
**Satellite Beach, FL 32937**

SD

**William Britz**  
**425 Red Sail Way**  
**Satellite Beach, FL 32937**

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.

SIGNATURE:

*James Staylor*

*Fayette Brown III*

**4/29/98**

CR2E037 (10/97)