

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90053 008 \*\*\*\*61.25

**DOCUMENT # 737723**

1. Entity Name

SLEEPY LAGOON PROPERTY OWNERS, INC.



Principal Place of Business

PO BOX 2524  
SATELLITE BEACH FL 32937

Mailing Address

PO BOX 2524  
SATELLITE BEACH FL 32937

00010743



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1743608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHATTUCK, SHAWN  
484 SAILFISH COVE  
SATELLITE BEACH FL 32937

Name **F. RICK BEECH**

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

**436 RED SAIL WAY**

City **SATELLITE BEACH**

**FL**

Zip Code **32937**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **SHATTUCK, SHAWN**  
STREET ADDRESS **484 SAILFISH COVE**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **T** ☒ Delete  
NAME **MACDOWELL, VALERIE**  
STREET ADDRESS **481 SAILFISH COVE**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **PPD** ☐ Delete  
NAME **SCROSATI, GERALD**  
STREET ADDRESS **468 SAILFISH COVE**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **VD** ☐ Delete  
NAME **SHATTUCK, LIZ**  
STREET ADDRESS **484 SAILFISH COVE**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **S** ☒ Delete  
NAME **GREENFIELD, DEBORAH**  
STREET ADDRESS **489 RED SAIL WAY**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **F. RICK BEECH**  
STREET ADDRESS **436 RED SAIL WAY**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **T** ☒ Change ☐ Addition  
NAME **F. A. PEEDE III**  
STREET ADDRESS **441 RED SAIL WAY**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition  
NAME **MEG SCOTT**  
STREET ADDRESS **416 RED SAIL WAY**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #