2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90259 019 ****61.25

DOCUMENT # 737723

1. Entity Name
SLEEPY LAGOON PROPERTY OWNERS, INC.

50000108

Principal Place of Business	Mailing Address
PO BOX 2524 SATELLITE BEACH, FL 32937	PO BOX 2524 SATELLITE BEACH, FL 32937

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
PO BOX 372524	PO BOX 372524
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SATELLITE BEACH	City & State: SATELLITE BEACH, FL
Zip	Country
Zip: 32937	Country: BREVARD

4. FEI Number 59-1743608 ☐ Applied For ☐ Not Applicable

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
SMITH, R.G. 445 RED ~~STILWAY~~ SAIL WAY SATELLITE BEACH, FL 32937	Name: R. G. SMITH Street Address (P.O. Box Number is Not Acceptable): 445 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: _____ 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, R.G. 445 RED ~~STIL WAY~~ SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 445 RED SAIL WAY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEEDE, F. A III 441 RED SAIL WAY SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD SCROSATI, GERALD 468 SAILFISH COVE SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHATTUCK, LIZ 484 SAILFISH COVE SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition V MIKE SCANNELL 456 SAILFISH COVE SATELLITE BEACH, FL 32937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCOTT, MEG 416 RED SAIL WAY SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S POLLY ZAJAC 452 RED SAIL WAY SATELLITE BEACH, FL 32937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: FA Peede III FLOYD A. PEEDE III 1/10/07 321-777-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #