2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 737723

Entity Name: SLEEPY LAGOON PROPERTY OWNERS, INC.

Current Principal Place of Business:

PO BOX 372524
SATELLITE BEACH, FL 32937

New Principal Place of Business:

441 RED SAIL WAY
SATELLITE BEACH, FL 32937

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:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SMITH, JAY	
Address:	476 SAILFISH COVE	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	T	( ) Delete
Name:	PEEDE, F. A III	
Address:	441 RED SAIL WAY	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	PPD	( ) Delete
Name:	SCROSATI, GERALD	
Address:	468 SAILFISH COVE	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	VP	( ) Delete
Name:	SHATTUCK, LIZ	
Address:	484 SAILFISH COVE	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	S	( ) Delete
Name:	CAMELIR, NANCY	
Address:	480 SAILFISH COVE	
City-St-Zip:	SATELLITE BEACH, FL 32937	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PPD	(X) Change ( ) Addition
Name:	JOYCE, SCOTT	
Address:	448 RED SAIL WAY	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	KELLY, LINDA	
Address:	440 RED SAIL WAY	
City-St-Zip:	SATELLITE BEACH, FL 32937	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FLOYD A. PEEDE III TREA 01/09/2009

Electronic Signature of Signing Officer or Director — Date