2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

DOCUMENT# 737723

Entity Name: SLEEPY LAGOON PROPERTY OWNERS, INC.

Current Principal Place of Business:

441 RED SAIL WAY
SATELLITE BEACH, FL 32937

New Principal Place of Business:

413 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
Name: SMITH, JAY
Address: 476 SAILFISH COVE
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: DIR
Name: ZAJAK, PAT
Address: 452 RED SAIL WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP
Name: SHATTUCK, LIZ
Address: 484 SAILFISH COVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S
Name: SHATUCK, SHAUN
Address: 484 SAILFISH COVE
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 TREA 02/05/2010
Electronic Signature of Signing Officer or Director Date