

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737723

Entity Name: SLEEPY LAGOON PROPERTY OWNERS, INC.**Current Principal Place of Business:**413 RED SAIL WAY
SATELLITE BEACH, FL 32937**Current Mailing Address:**PO BOX 372524
SATELLITE BEACH, FL 32937**FEI Number: 59-1743608****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BAULIG, WILLIAM M
413 RED SAIL WAY
SATELLITE BEACH, FL 32937 US*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**Officer/Director Detail :**

Title	P
Name	SCOTT, MEG PRESIDENT
Address	416 RED SAIL WAY
City-State-Zip:	SATELLITE BEACH FL 32937

Title	VP
Name	HOWELL, RUTH
Address	465 SAILFISH COVE
City-State-Zip:	SATELLITE BEACH FL 32937

Title	DIR
Name	PEEDE, BUDDY
Address	441 RED SAIL WAY
City-State-Zip:	SATELLITE BEACH FL 32937

Title	T
Name	BAULIG, WILLIAM M
Address	413 RED SAIL WAY
City-State-Zip:	SATELLITE BEACH FL 32937

Title	S
Name	MORRIS, DONNA
Address	465 RED SAIL WAY
City-State-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 M. BAULIG**TREASURER****01/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date