

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737723

**Entity Name:** SLEEPY LAGOON PROPERTY OWNERS, INC.

**Current Principal Place of Business:**

481 SAILFISH COVE  
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:**

MACDOWELL, VALERIE H.  
481 SAILFISH COVE  
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:** VALERIE H. MACDOWELL

01/23/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name MACDOWELL, VALERIE H  
Address 481 SAILFISH COVE  
City-State-Zip: SATELLITE BEACH FL 32937

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

Title SECRETARY  
Name MORRIS, DONNA  
Address 465 RED SAIL WAY  
City-State-Zip: SATELLITE BEACH FL 32937

Title PRESIDENT  
Name PEEDE, BUDDY  
Address 441 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:** VALERIE H. MACDOWELL

**TREASURER**

01/23/2016

Electronic Signature of Signing Officer/Director Detail

Date