

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737723

Entity Name: SLEEPY LAGOON PROPERTY OWNERS, INC.**Current Principal Place of Business:**465 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:**090300
452 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:** DONNA R MORRIS

02/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	5TH OFFICER
Name	BOUTHILLER, TOM
Address	484 SAILFISH COVE
City-State-Zip:	SATELLITE BEACH FL 32937

Title	SECRETARY
Name	MACDOWELL, VALERIE
Address	481 SAILFISH COVE
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: DONNA R MORRIS

TREAURER

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date