

2023 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 HOLMES
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 HOLMES MACDOWELL

01/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 5TH DIRECTOR
Name MORRIS, DONNA R
Address 465 RED SAIL WAY
City-State-Zip: SATELLITE BEACH FL 32937

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

Title VP
Name WILSON, ED
Address 473 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

Title TREASURER
Name HARRIS, ALBERT DR.
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 HOLMES MACDOWELL**SECRETARY**

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date