

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 728767**

1. Entity Name

**SLEEPY HARBOUR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**408-0 ORLANDO AVENUE  
OCOE FL 34761**

Mailing Address

**408-0 ORLANDO AVE  
OCOE FL 34761**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-1645634**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSSON, FRANK B  
408-0 ORLANDO AVE  
OCOE FL 34761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature is required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **DASSLER, WM**  
CITY-ST-ZIP **404 ORLANDO AVENUE B-12  
OCOE FL 34761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U00000829747**  
CITY-ST-ZIP **02/26/08-80053-012 61.25**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MARSH, LINDA**  
CITY-ST-ZIP **402 ORLANDO AVE C 18  
OCOE FL 34761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **VEAL, RALPH**  
CITY-ST-ZIP **408 ORLANDO AVE A-10  
OCOE FL 34761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MILLER, BECKY**  
CITY-ST-ZIP **402 ORLANDO AVE. C16  
OCOE FL 34761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GRIFFEN, CYNTHIA**  
CITY-ST-ZIP **406 ORLANDO AVE. B18  
OCOE FL 34761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **BARTON, JOHN**  
CITY-ST-ZIP **400 ORLANDO AVE B05  
OCOE FL 34761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William H. Dassler, President*

*2-12-08*