

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728767

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** SLEEPY HARBOUR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

408-0 ORLANDO AVENUE  
OCOOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

408-0 ORLANDO AVE  
OCOOE, FL 34761

**New Mailing Address:**

**FEI Number:** 59-1645634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSSON, FRANK B  
408-0 ORLANDO AVE  
OCOOE, FL 34761 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DASSLER, WM  
Address: 404 ORLANDO AVENUE B-12  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: MARSH, LINDA  
Address: 402 ORLANDO AVE C 18  
City-St-Zip: OCOOE, FL 34761

Title: DS ( ) Delete  
Name: VEAL, RALPH  
Address: 408 ORLANDO AVE A-10  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: MILLER, BECKY  
Address: 402 ORLANDO AVE. C16  
City-St-Zip: OCOOE, FL 34761

Title: T ( ) Delete  
Name: GRIFFEN, CYNTHIA  
Address: 406 ORLANDO AVE. B18  
City-St-Zip: OCOOE, FL 34761

Title: DVP ( ) Delete  
Name: BARTON, JOHN  
Address: 400 ORLANDO AVE B05  
City-St-Zip: OCOOE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D/S (X) Change ( ) Addition  
Name: MARSH, LINDA  
Address: 402 ORLANDO AVE C 18  
City-St-Zip: OCOOE, FL 34761

Title: D (X) Change ( ) Addition  
Name: TEDER, REIN  
Address: 410 ORLANDO AVE A-5  
City-St-Zip: OCOOE, FL 34761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK CARLSSON

RA

02/19/2009

Electronic Signature of Signing Officer or Director

Date