

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728767

FILED
Feb 13, 2012
Secretary of State

Entity Name: SLEEPY HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

408-0 ORLANDO AVENUE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

408-0 ORLANDO AVE
OCOE, 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
3109 MANATEE RD
TAVARES, FL 32778 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
Name: DASSLER, WM
Address: 404 ORLANDO AVENUE B-12
City-St-Zip: OCOE, FL 34761

Title: D/S
Name: MARSH, LINDA
Address: 402 ORLANDO AVE C 18
City-St-Zip: OCOE, FL 34761

Title: D
Name: CHOVANEC, MIKE
Address: 406 ORLANDO AVE B-16
City-St-Zip: OCOE, FL 34761

Title: D
Name: BISHOP, JAMES
Address: 402 ORLANDO AVE. C17
City-St-Zip: OCOE, FL 34761

Title: TD
Name: GRIFFEN, CYNTHIA
Address: 406 ORLANDO AVE. B18
City-St-Zip: OCOE, FL 34761

Title: DVP
Name: BARTON, JOHN
Address: 400 ORLANDO AVE C-11
City-St-Zip: OCOE, FL 34761

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: FRANK CARLSSON

MAN

02/13/2012

Electronic Signature of Signing Officer or Director

Date