FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:27

DOCUMENT # 737723 (7)

1. Corporation Name
SLEEPY LAGOON PROPERTY OWNERS, INC.

Principal Place of Business	Mailing Address
P. O BOX 372524 SATELLITE BEACH FL 32937	P. O BOX 372524 SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1743608 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GUIDRY, SANDRA
424 RED SAIL WAY
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BERRY, DIANE	1.2 NAME	CONNELL, KATHLEEN
STREET ADDRESS	450 GREEN TURTLE COVE	1.3 STREET ADDRESS	492 RED SAIL WAY
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	MORRIS, DRYDEN	2.2 NAME	RUSSELL, AILEEN
STREET ADDRESS	433 RED SAIL WAY	2.3 STREET ADDRESS	472 RED SAIL WAY
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	GUIDRY, WILLIAM	3.2 NAME	EDWARD CONNELL
STREET ADDRESS	424 RED SAIL WAY	3.3 STREET ADDRESS	492 RED SAIL WAY
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	KENNEY, BARBARA	4.2 NAME	MCCLOY, CAROLE
STREET ADDRESS	425 GREEN TURTLE COVE	4.3 STREET ADDRESS	472 GREEN TURTLE COVE
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Connell KATHLEEN CONNELL 3/16/95 407 777 8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036000