

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUIDRY, SANDRA
424 RED SAIL WAY
SATELLITE BEACH FL 32937**

81

Name

Kathleen M. Connell

82

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

83

492 RED SAIL WAY

84

City

Satellite Beach FL

85

Zip Code

32937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Kathleen M. Connell**

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

(NOTE: Registered Agent signature required when reinstating)

2/13/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, KATHLEEN	
STREET ADDRESS	492 RED SAIL WAY	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, AILEEN	
STREET ADDRESS	472 RED SAIL WAY	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, EDWARD	
STREET ADDRESS	492 RED SAIL WAY	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLOY, CAROL	
STREET ADDRESS	472 GREEN TURTLE COVE	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James A. TEAL, JR.	
1.3 STREET ADDRESS	489 Red Sail Way	
1.4 CITY - ST - ZIP	Satellite Beach Fl. 32937	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ruth Greene	
2.3 STREET ADDRESS	485 Red Sail Way	
2.4 CITY - ST - ZIP	Satellite Beach Fl. 32937	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Janice B. TEAL	
3.3 STREET ADDRESS	489 Red Sail Way	
3.4 CITY - ST - ZIP	Satellite Beach Fl. 32937	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Maureen Joyce	
4.3 STREET ADDRESS	448 Red Sail Way	
4.4 CITY - ST - ZIP	Satellite Beach Fl. 32937	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 M. Connell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Date

407-777-8496
Daytime Phone #

CR2E037 (12/95)