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Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32937-0524



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/30/1976

3a. Date of Last Report
02/20/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CONNELL, KATHLEEN M
492 RED SAIL WAY
SATELLITE BEACH FL 32937

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 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

2-11-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEAL, JAMES A JR	
STREET ADDRESS	489 RED SAIL WAY	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREENE, RUTH	
STREET ADDRESS	485 RED SAIL WAY	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TEAL, JANICE B	
STREET ADDRESS	489 RED SAIL WAY	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOYCE, MAUREEN	
STREET ADDRESS	448 RED SAIL WAY	
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	STAYLOR, JAMES	
1.3 STREET ADDRESS	409 RED SAIL WAY	
1.4 CITY - ST - ZIP	SATELLITE BEACH, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEANE, PATRICK	
2.3 STREET ADDRESS	410 RED SAIL WAY	
2.4 CITY - ST - ZIP	SATELLITE BEACH, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHATTUCK, ELIZABETH	
3.3 STREET ADDRESS	484 SAILFISH COVE	
3.4 CITY - ST - ZIP	SATELLITE BEACH, FL	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILSON, DEE	
4.3 STREET ADDRESS	481 SAILFISH COVE	
4.4 CITY - ST - ZIP	SATELLITE BEACH, FL	
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 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:

Elizabeth M Shattuck

Elizabeth Shattuck

2-11-97

407

7738527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)