

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90042 048 ****61.25

DOCUMENT # 737723 1. Entity Name SLEEPY LAGOON PROPERTY OWNERS, INC.					
Principal Place of Business PO BOX 2524 SATELLITE BEACH, FL 32937			Mailing Address PO BOX 2524 SATELLITE BEACH, FL 32937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1743608				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHATTUCK, SHAWN 484 SAILFISH COVE SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUTTOCK, SHAWN <input type="checkbox"/> Delete 484 SAILFISH COVE SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shattuck, Shawn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete MAUREEN, JOYCE 480 SAILFISH COVE SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MacDowell, Valerie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 481 Sailfish Cove Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input checked="" type="checkbox"/> Delete HOWELL, RUTH 485 SAILFISH COVE SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Scrosati, Gerald 468 Sailfish Cove Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete HUNSUCK, DON 481 RED SAIL WAY SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition Shattuck, Liz 484 Sailfish Cove Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Greenfield, Deborah 489 Red Sail Way Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date 1/13/04 Daytime Phone # (321) 738-8827		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					