

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90053 008 \*\*\*\*61.25



**DOCUMENT # 737723**  
 1. Entity Name  
**SLEEPY LAGOON PROPERTY OWNERS, INC.**

Principal Place of Business Mailing Address  
**PO BOX 2524 SATELLITE BEACH FL 32937** **PO BOX 2524 SATELLITE BEACH FL 32937**

**J0010743**



1st MOORE CR2E037 (10/04)

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 Not Applicable

5. Certificate of Status Desired  **\$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 **F. RICK BEECH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**436 RED SAIL WAY**  
 City **SATELLITE BEACH** FL Zip Code **32937**

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 *[Signature]* **FLORENCE BEECH** DATE **1/31/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHATTUCK, SHAWN 484 SAILFISH COVE SATELLITE BEACH FL 32937</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MACDOWELL, VALERIE 481 SAILFISH COVE SATELLITE BEACH FL 32937</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PPD SCROSATI, GERALD 468 SAILFISH COVE SATELLITE BEACH FL 32937</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SHATTUCK, LIZ 484 SAILFISH COVE SATELLITE BEACH FL 32937</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GREENFIELD, DEBORAH 489 RED SAIL WAY SATELLITE BEACH FL 32937</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P F. RICK BEECH 436 RED SAIL WAY SATELLITE BEACH, FL 32937</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T F. A. PEEDER III 441 RED SAIL WAY SATELLITE BEACH, FL 32937</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MEG SCOTT 416 RED SAIL WAY SATELLITE BEACH, FL 32937</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *[Signature]* **FLORENCE BEECH** Date **1/31/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #