

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90259 019 ****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 - No P.O. Box # PO BOX 372524 Suite, Apt. #, etc.		3. Mailing Address PO BOX 372524 Suite, Apt. #, etc.		50000108 	
City & State SATELLITE BEACH		City & State SATELLITE BEACH, FL		4. FEI Number 59-1743608	
Zip 32937		Country ISRAEL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, R.G. 445 RED SAIL WAY SATELLITE BEACH, FL 32937				7. Name and Address of New Registered Agent Name R. G. SMITH Street Address (P.O. Box Number is Not Acceptable) 445 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 DATE 1/10/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, R.G. 445 RED SAIL WAY SATELLITE BEACH, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	445 RED SAIL WAY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEEDE, F. A III 441 RED SAIL WAY SATELLITE BEACH, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SCROSATI, GERALD 488 SAILFISH COVE SATELLITE BEACH, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHATTUCK, LIZ 484 SAILFISH COVE SATELLITE BEACH, FL 32937	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIKE SCANNELL 450 SAILFISH COVE SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, MEG 416 RED SAIL WAY SATELLITE BEACH, FL 32937	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOLLY ZAJAC 452 RED SAIL WAY SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: FLOYD A. PEEDE III 1/10/07 321-777-445 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					