

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737723

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: SLEEPY LAGOON PROPERTY OWNERS, INC.

## Current Principal Place of Business:

PO BOX 372524  
SATELLITE BEACH, FL 32937

## New Principal Place of Business:

441 RED SAIL WAY  
SATELLITE BEACH, FL 32937

## Current Mailing Address:

PO BOX 372524  
SATELLITE BEACH, FL 32937

## New Mailing Address:

FEI Number: 59-1743608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JAY S  
476 SAILFISH COVE  
SATELLITE BEACH, FL 32937      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, JAY  
Address: 476 SAILFISH COVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete  
Name: PEEDE, F. A III  
Address: 441 RED SAIL WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PPD ( ) Delete  
Name: SCROSATI, GERALD  
Address: 468 SAILFISH COVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP ( ) Delete  
Name: SHATTUCK, LIZ  
Address: 484 SAILFISH COVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S ( ) Delete  
Name: CAMELIR, NANCY  
Address: 480 SAILFISH COVE  
City-St-Zip: SATELLITE BEACH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PPD (X) Change ( ) Addition  
Name: JOYCE, SCOTT  
Address: 448 RED SAIL WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KELLY, LINDA  
Address: 440 RED SAIL WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD A. PEEDE III

TREA

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date