

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90762 027 \*\*\*\*61.25

**DOCUMENT # 737723**

1. Entity Name

**SLEEPY LAGOON PROPERTY OWNERS, INC.**



Principal Place of Business

P. O. BOX ~~2524~~ **187**  
SATELLITE BEACH FL 32937

Mailing Address

P. O. BOX ~~2524~~ **187**  
SATELLITE BEACH FL 32937

2. Principal Place of Business

**P.O. Box 2524**

Suite, Apt. #, etc.

**Satellite Beach**

City & State

**Florida**

3. Mailing Address

**P.O. Box 2524**

Suite, Apt. #, etc.

**Satellite Beach**

City & State

**FL**

Zip

**32937**

Country

**USA**

Zip

**32937**

Country

**USA**

6. Name and Address of Current Registered Agent

**HOWELL, RUTH**

**465 SAILFISH COVE**

**SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

Name **Shaun Shattuck**

Street Address (P.O. Box Number is Not Acceptable)

**484 Sailfish Cove**

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

*Shaun Shattuck*  
**Shaun Shattuck, President**

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

(NOTE: Registered Agent signature required when reinstating)

**3/6/03**  
DATE

**FILE NOW: FEE IS \$61.25**

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	PPD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, DAVE	
STREET ADDRESS	472 SAILFISH COVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHMELIN, NANACY	
STREET ADDRESS	480 SAILFISH COVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	<del>PD Past President</del>	<input type="checkbox"/> Delete
NAME	HOWELL, RUTH	
STREET ADDRESS	465 SAILFISH COVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MACDOWELL, VALERIE	
STREET ADDRESS	481 SAILFISH COVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUNSUCK, DON	
STREET ADDRESS	481 RED SAIL WAY	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaun Shattuck	
STREET ADDRESS	484 Sailfish Cove	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN JOYCE	
STREET ADDRESS	448 Red Sail Way	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Shaun Shattuck*  
**Shaun Shattuck**

**3/3/03**

**321-713-1293**

CR2E037 (10/02)