


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90026 001 \*\*\*\*70.00

**DOCUMENT # N00000005196**

1. Entity Name  
**SLEEPY LAGOON HOME OWNERS' ASSOCIATION INC.**



Principal Place of Business  
**545 GENERAL HARRIS ST  
 LONGBOAT KEY, FL 34228**

Mailing Address  
**545 GENERAL HARRIS ST  
 LONGBOAT KEY, FL 34228**

2. Principal Place of Business - No P.O. Box #  
**572 Juan Anasco Dr.**

3. Mailing Address  
**P.O. BOX 133**

Suite, Apt. #, etc.

City & State  
**Longboat Key FL**

City & State  
**Longboat Key FL**

Zip  
**34228**

Country  
**USA**



01182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3684033**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**VAN RIEMSDIJK, ANTHONY  
 545 GENERAL HARRIS ST  
 LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent

Name **Reina Berman**

Street Address (P.O. Box Number is Not Acceptable)  
**572 Juan Anasco Dr.**

City **Longboat Key FL** Zip Code **34228**

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 **Reina Berman** DATE **1/28/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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	PD VAN RIEMSDIJK, ANTHONY 545 GENERAL HARRIS ST LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMAN, REIND 573 JUAN ANASCO DR. LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILYARD, ROSEMARY 683 MARBURY LN. LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	PD Reina Berman 572 Juan Anasco Dr. Longboat Key FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paul Zipper 511 De Narvaez Dr. Longboat Key FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rosemary Dilaard 683 Marbury Lane Longboat Key FL 34228 <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	<input 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 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: **Reina Berman** DATE **1/28/08** DAYTIME PHONE # **941-387-7198**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR