

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005196

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: SLEEPY LAGOON HOME OWNERS' ASSOCIATION INC.

**Current Principal Place of Business:**

572 JUAN ANASCO DRIVE  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 133  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

PO BOX 1  
BRADENTON BEACH, FL 34217 US

FEI Number: 59-3684033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERMAN, REINA  
572 JUAN ANASCO DRIVE  
LONGBOAT KEY, FL 34228 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: PD ( ) Delete  
Name: BERMAN, REINA  
Address: 572 JUAN ANASCO DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP ( ) Delete  
Name: ZIPPER, PAUL  
Address: 511 DE NARVAEZ DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD ( ) Delete  
Name: DILGARD, ROSEMARY  
Address: 683 MARBURY LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: REINA BERMAN

Electronic Signature of Signing Officer or Director

PRES

02/11/2009

Date