

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90029 023 ****61.25

DOCUMENT # N03000009981

1. Entity Name

SLEEPY HILL OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2000 E EDGEWOOD DR, STE 214
LAKELAND FL 33803

2000 E EDGEWOOD DR, STE 214
LAKELAND FL 33803



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1087139

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRITTON, CHARLES
225 E LEMON STREET, 3RD FLR
LAKELAND FL 33801

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: 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 VP ☐ Delete
NAME TOWLES, MELVIN T
STREET ADDRESS 3436 SLEEPY HILL OAKS ST
CITY-ST-ZIP LAKELAND FL 33810

TITLE PRES ☒ Change ☐ Addition
NAME TOWLES, MELVIN T
STREET ADDRESS 3436 SLEEPY HILL OAKS ST
CITY-ST-ZIP LAKELAND, FL 33810

TITLE P ☒ Delete
NAME BYRD, CHRISTOPHER L
STREET ADDRESS 3449 SLEEPY HILL OAKS BLVD
CITY-ST-ZIP LAKELAND FL 33810

TITLE SECRETARY ☐ Change ☒ Addition
NAME ROBINSON III, NATHANIEL
STREET ADDRESS 3445 SLEEPY HILL OAKS STR.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE T ☒ Delete
NAME KIBBEY, AMY
STREET ADDRESS 3220 SLEEPY HILL OAKS BLVD
CITY-ST-ZIP LAKELAND FL 33810

TITLE VICE PRES. ☒ Change ☐ Addition
NAME LIVERMAN, VELVET
STREET ADDRESS 3822 SLEEPY HILL OAKS LOOP
CITY-ST-ZIP LAKELAND, FL 33810

TITLE S ☒ Delete
NAME LIEBERMAN, JOEL
STREET ADDRESS 3440 SLEEPY HILL OAKS BLVD
CITY-ST-ZIP LAKELAND FL 33810

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MUSTARD, MICHAEL B
STREET ADDRESS 3802 SLEEPY HILL OAKS LOOP
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D ☐ Delete
NAME LIVERMAN, VELVET
STREET ADDRESS 3822 SLEEPY HILL OAKS LOOP
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/2007 (863) 412-1177
Date Daytime Phone #