

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008815

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** SLEEPY HILL ESTATES HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

**Current Principal Place of Business:**

7421 LOCKSLEY LANE  
LAKELAND, FL 338095027

**New Principal Place of Business:**

**Current Mailing Address:**

7421 LOCKSLEY LANE  
LAKELAND, FL 338095027

**New Mailing Address:**

**FEI Number:** 20-3504655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNETT, TED  
7421 LOCKSLEY LANE  
LAKELAND, FL 338095027 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: DP ( ) Delete  
Name: BARNETT, TED  
Address: 7421 LOCKSLEY LANE  
City-St-Zip: LAKELAND, FL 338095027

Title: DVST ( ) Delete  
Name: BARNETT, IRIS  
Address: 7421 LOCKSLEY LANE  
City-St-Zip: LAKELAND, FL 338095027

Title: D ( ) Delete  
Name: BARNETT, DONALD  
Address: 7421 LOCKSLEY LANE  
City-St-Zip: LAKELAND, FL 338095027

**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 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: IRIS BARNETT

DVST

01/04/2007

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

\_\_\_\_\_  
Date