## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N05000008815**

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



May 19, 2008 8:00 am Secretary of State 05-19-2008 90034 048 \*\*\*\*61.25

**FILED** 

	•			II-SS				
Principal Place 7421 LOCKSI LAKELAND, F		Mailing Address 7421 LOCKSLEY LANE LAKELAND, FL 33809-	5027					
		T						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2540 FRIS AWN DRIVE P.O. Box 910			606	1 1121111111111111111111111111111111111	ILIB) EKA SEKI LILIA ERAN LILIA	CE151   E151   E131   E152		
Suite, Apt. #, etc. Suite, Apt. #, etc.			<i></i>	02212008	Chg-NP CI	R2E037 (12/06)		
City & State	AND, FL	City & State  LAKELAN L		4. FEI Number 20-3504		No	oplied For ot Applicable	
Zip 338/0 PO/K 33804  6. Name and Address of Current Registered Agent			PolK			\$8.75 Add Fee Require	ditional	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
BARNETT, TED			Stroot A	ddress (P.O. Box Number	ie Not Accentable)			
7421 LOCKSLEY LANE LAKELAND, FL 33809-5027			30000	`	· · · · · · · · · · · · · · · · · · ·			
2540				O FRIS	ANN DK	IVE		
				AKELAND FL Zip Cook				
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 Motopher L-17/								
SIGNATURE  Signature, typed-of printed name obegistered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee Is \$61.25  9. Election Campaign Financing				\$5.00 May Be	Make	check payable t	•	
	Due by May 1, 2008	Trust Fund C		Added to Fees	' !	Department of S		
10. OFFICERS AND DIRECTORS		RECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS A	IND DIRECTORS IN	l 10	
TITLE	DP	Delete	TITLE	PRESIDENT		Change	Addition	
NAME STREET ADDRESS	BARNETT, TED 7421 LOCKSLEY LANE		NAME STREET ADDRESS	CHRIS FRY 2540ERIS AN	a1 D.R.			
CITY-ST-ZIP	LAKELAND, FL 338095027		CITY-ST-ZIP	LAKELAND FO	33810			
TITLE	DVST	Delete	MLE	VICE PRESIL	ent	Change	Addition	
NAME	BARNETT, IRIS		NAME	KEN WERN	ier			
STREET ADDRESS	7421 LOCKSLEY LANE		STREET ADDRESS	DO BAY OIL	16		,	
CITY-ST-ZIP	LAKELAND, FL 338095027	——————————————————————————————————————	CITY-ST-ZIP	MAKELAND, MREASVRER	PL 33000	Change		
TITLE   NAME	BARNETT, DONALD	Delete	TITLE	TARREST ACK	0.1100-0400	∠S_unange	☐ Addition	
STREET ADDRESS	7421 LOCKSLEY LANE		STREET ADDRESS	KATHLEEN M. 2558 FRIS A	NN DR-	•		
CITY-ST-ZIP	LAKELAND, FL 338095027		CITY-ST-ZIP	LAKELAND, FI	23810			
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME	ROBIN ARN	0 <i>L (</i> 2)		*	
	e.		*******	200	•			
STREET ADDRESS			STREET ADDRESS	PO BOX 91606	C. B3804			
CITY-ST-ZIP		∏ Politia	CITY-ST-ZIP	PO BOX 91606 LAKELAND,	FL <b>B</b> 3804	hanne	- Baddition	
		☐ Delete		PO BOX 91606 LAKELAND,	FL <b>B</b> 3804	Change	Addition	
CITY-ST-ZIP		☐ Deleta	CITY-ST-ZIP TITLE NAME STREET ADDRESS	PO BOX 91606 LAKELAND, I	FL <b>B</b> 3804	Change	Addition	
CITY-ST-ZIP TITLE NAME		□ Delete	CITY-ST-ZIP TITLE NAME	PO BOX 91606 LAKELAND, I	FL <b>B</b> 3804	Change	<b>\</b>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete	CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE	PO BOX 91606  KAKELAND, I  SEAN FUTC PO BOX 9160  LAKELAND,	FL <b>3</b> 3804 H FL 33804	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SEAN FUTC PO BOX 9160 LAKELAND, I	FL 33804 HOISON	Change	<b>\</b>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE	PO BOX 91606  KAKELAND, I  SEAN FUTC PO BOX 9160  LAKELAND,	FL 33804 HOISON	thange thange	<b>\</b>	

of the corporation of the receiver or trustee empowered to execute any unacting signature strain have the signal effect as it made under oam; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report is 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.

SCHATTURE AND TYPED OR PRINTED WARME OF SIGHING OFFICER OR BIT SIGNATURE:\_\_\_