2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N05000008815

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

Current Principal Place of Business:

2540 IRIS ANN DRIVE
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91606
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 20-3504655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRY, CHRIS
7421 LOCKSLEY LANE
3540 IRIS ANN DRIVE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

FRY, CHRIS
2540 IRIS ANN DRIVE
LAKELAND, FL 33810 US

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: CHRIS FRY 05/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FRY, CHRIS
Address: 2540 IRIS ANN DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VP ( ) Delete
Name: WERNER, KEN
Address: P.O. BOX 91606
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete
Name: BUTLERCAPO, KATHLEEN M
Address: 2558 IRIS ANN DR.
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete
Name: ARNOLD, ROBIN
Address: PO BOX 91606
City-St-Zip: LAKELAND, FL 33804

Title: D ( ) Delete
Name: FUTCH, SEAN
Address: PO BOX 91606
City-St-Zip: LAKELAND, FL 33804

Title: D (X) Delete
Name: JOHNSON, GARRICK
Address: PO BOX 91606
City-St-Zip: LAKELAND, FL 33804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: JOHNSON, GARRICK
Address: 2552 IRIS ANN DRIVE
City-St-Zip: LAKELAND, FL 33810

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

Title: S (X) Change ( ) Addition
Name: ROMAN, KIM
Address: PO BOX 91606
City-St-Zip: LAKELAND, FL 33804

Title: D (X) Change ( ) Addition
Name: ARNOLD, ROBIN
Address: PO BOX 91606
City-St-Zip: LAKELAND, FL 33804

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: KATHLEEN BUTLER-CAPO TRS 05/14/2009
Electronic Signature of Signing Officer or Director Date