

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737723

**Entity Name:** SLEEPY LAGOON PROPERTY OWNERS, INC.

**Current Principal Place of Business:**

465 RED SAIL WAY  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

PO BOX 372524  
SATELLITE BEACH, FL 32937

**FEI Number:** 59-1743608

**Certificate of Status Desired:** No

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

090300  
452 RED SAIL WAY  
SATELLITE BEACH, FL 32937 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:** DONNA R MORRIS

02/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MORRIS, DONNA R  
Address        465 RED SAIL WAY  
City-State-Zip: SATELLITE BEACH FL 32937

Title           PRESIDENT  
Name           HOWELL, RUTHIE  
Address        465 SAILFISH COVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title           5TH OFFICER  
Name           BOUTHILLER, TOM  
Address        484 SAILFISH COVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title           SECRETARY  
Name           MACDOWELL, VALERIE  
Address        481 SAILFISH COVE  
City-State-Zip: SATELLITE BEACH FL 32937

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONNA R MORRIS

TREASURER

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date