

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008815

Entity Name: SLEEPY HILL ESTATES HOMEOWNERS' ASSOCIATION OF
POLK COUNTY, INC.**Current Principal Place of Business:**2539 IRIS ANN DRIVE
LAKELAND, FL 33810-5565**Current Mailing Address:**P.O. BOX 1482
LAKELAND, FL 33802 US**FEI Number:** 20-3504655**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEBNER, BLAIR
2539 IRIS ANN DRIVE
LAKELAND, FL 33810-5565 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:** BLAIR HEBNER

01/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	HEBNER, BLAIR
Address	P.O. BOX 1482
City-State-Zip:	LAKELAND FL 33802

Title	PRESIDENT
Name	MARKWELL, BILLY
Address	P.O. BOX 1482
City-State-Zip:	LAKELAND FL 33802

Title	SECRETARY
Name	COURTNEY, BRITTANY
Address	P.O. BOX 1482
City-State-Zip:	LAKELAND FL 33802

Title	SAA
Name	CONNORS, TRACY
Address	P.O. BOX 1482
City-State-Zip:	LAKELAND FL 33802

Title	VP
Name	CASEY, BRIAN
Address	P.O. BOX 1482
City-State-Zip:	LAKELAND FL 33802

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: BLAIR HEBNER

TREASURER

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date