

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 29 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725727** (2)

1. Corporation Name
SLEEPY HOLLOW ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O JOHN CRAWFORD **C/O JOHN CRAWFORD**
121 ICHABOD TRAIL **121 ICHABOD TRAIL**
LONGWOOD FL 32750 **LONGWOOD FL 32750**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/02/1973** 3a. Date of Last Report **06/21/1994**
4. FEI Number **59-6592801** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CIESLAK, RICK
208 BROM BONES LANE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name **CRAWFORD, J. A.**
82 Street Address (P.O. Box Number if Not Acceptable) **121 ICHABOD TRAIL**
83
84 City **Longwood** FL 85 Zip Code **32750**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agents, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE _____
(Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS
TITLE **TD**
NAME **CIESLAK, RICK**
STREET ADDRESS **208 BROM BONES LANE**
CITY - ST - ZIP **LONGWOOD, FL 00000**
TITLE **D**
NAME **CRAWFORD, JOHN**
STREET ADDRESS **121 ICHABOD TRAIL**
CITY - ST - ZIP **LONGWOOD, FL 00000**
TITLE **D**
NAME **BICKEL, BILL**
STREET ADDRESS **200 BROM BONES LANE**
CITY - ST - ZIP **LONGWOOD, FL 00000**
TITLE **PD**
NAME **AGUIRRE, RALPH**
STREET ADDRESS **205 BROM BONES LANE**
CITY - ST - ZIP **LONGWOOD, FL 00000**
TITLE **VD**
NAME **FINN, MIKE**
STREET ADDRESS **211 BROM BONES LN**
CITY - ST - ZIP **LONGWOOD, FL 00000**
TITLE **D**
NAME **GOLDA, DICK**
STREET ADDRESS **216 BROM BONES LANE**
CITY - ST - ZIP **LONGWOOD, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **VP/S/O** Change Addition
1.2 NAME **MRS DEBBIE BROOD**
1.3 STREET ADDRESS **112 ICHABOD TRAIL**
1.4 CITY - ST - ZIP **LONGWOOD, FL 32750**
2.1 TITLE **TREASURER** Change Addition
2.2 NAME **J. A. CRAWFORD**
2.3 STREET ADDRESS **121 ICHABOD TRAIL**
2.4 CITY - ST - ZIP **LONGWOOD, FL - 32750**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE **PO/D** Change Addition
4.2 NAME **Raymond Wings**
4.3 STREET ADDRESS **108 ICHABOD TRAIL**
4.4 CITY - ST - ZIP **LONGWOOD FL 32750**
5.1 TITLE Change Addition
5.2 NAME **FINN, MIKE**
5.3 STREET ADDRESS **211 BROM BONES Lane**
5.4 CITY - ST - ZIP **Longwood FL 32750**
6.1 TITLE Change Addition
6.2 NAME **Miller, WARREN**
6.3 STREET ADDRESS **308 CRAWFORD COVE**
6.4 CITY - ST - ZIP **Longwood, Florida 32750**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* Date **4/24/95** (407) 331-8912
(Signature and typed or printed name of signing officer or director)