

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 42496

4402-C
(2)

DOCUMENT # 725727

1. Corporation Name

SLEEPY HOLLOW ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JOHN CRAWFORD
121 ICHABOD TRAIL
LONGWOOD FL 32750
US

C/O JOHN CRAWFORD
121 ICHABOD TRAIL
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified
03/02/1973

3a. Date of Last Report
04/28/1995

21. Principal Place of Business
Suite, Apt. #, etc.

2a. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
59-6592801

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip Country

29. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, J A
121 ICHABOD TRAIL
LONGWOOD FL 32750

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BROWN, DEBBIE	
STREET ADDRESS	112 ICHABOD TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, JOHN	
STREET ADDRESS	121 ICHABOD TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKEL, BILL	
STREET ADDRESS	200 BROM BONES LANE	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WINGO, RAYMOND	
STREET ADDRESS	108 ICHABOD TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINN, MIKE	
STREET ADDRESS	211 BROM BONES LN	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, WARREN	
STREET ADDRESS	308 CRANE COVE	
CITY-ST-ZIP	LONGWOOD, FL 00000	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROWN, DEBBIE	
1.3 STREET ADDRESS	112 ICHABOD TRAIL	
1.4 CITY-ST-ZIP	LONGWOOD, FL-32750	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ENFINGER, Emily	
2.3 STREET ADDRESS	102 ICHABOD TRAIL	
2.4 CITY-ST-ZIP	LONGWOOD, FL-32750	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ORR, DIN ORAH	
3.3 STREET ADDRESS	122 ICHABOD TRAIL	
3.4 CITY-ST-ZIP	LONGWOOD, FL-32750	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BROWN, BOB	
4.3 STREET ADDRESS	112 ICHABOD TRAIL	
4.4 CITY-ST-ZIP	LONGWOOD, FL-32750	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SMOYER, Charles	
5.3 STREET ADDRESS	214 BROM BONES LANE	
5.4 CITY-ST-ZIP	LONGWOOD, FL-32750	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah B Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (407) 7675391
Date Daytime Phone #

CR2E037 (12/95)