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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 725727 (2)  
1. Corporation Name  
SLEEPY HOLLOW ASSOCIATION, INC.



Principal Place of Business: C/O JOHN CRAWFORD, 121 ICHABOD TRAIL, LONGWOOD FL 32750, US  
Mailing Address: C/O JOHN CRAWFORD, 121 ICHABOD TRAIL, LONGWOOD FL 32750-3874, US

3. Date Incorporated or Qualified: 03/02/1973  
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business: 21 C/O CHARLES SMOYER, Suite, Apt. #, etc. 214 BROM BONES LN., City & State: LONGWOOD FL, Zip: 32750, Country: USA  
2a. Mailing Address: 26 C/O CHARLES SMOYER, Suite, Apt. #, etc. 214 BROM BONES LN., City & State: LONGWOOD FL, Zip: 32750, Country: USA

4. FEI Number: 59-6592801  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
CRAWFORD, J A  
121 ICHABOD TRAIL  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent  
81 Name: CHARLES SMOYER  
82 Street Address (P.O. Box Number is Not Acceptable): 214 BROM BONES LN.  
83  
84 City: LONGWOOD FL 85 Zip Code: 32750

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: Charles Smoyer DATE: 1/21/97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD BROWN, DEBBIE	<input type="checkbox"/>
STREET ADDRESS	112 ICHABOD TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	PD CRAWFORD, JOHN	<input checked="" type="checkbox"/>
STREET ADDRESS	121 ICHABOD TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	D BICKEL, BILL	<input checked="" type="checkbox"/>
STREET ADDRESS	200 BROM BONES LANE	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	D BROWN, BOB	<input type="checkbox"/>
STREET ADDRESS	112 ICHABOD TRAIL	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	D SMOYER, CHARLES	<input type="checkbox"/>
STREET ADDRESS	214 BROM BONES LANE	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	D MILLER, WARREN	<input checked="" type="checkbox"/>
STREET ADDRESS	300 CRANE COVE	
CITY-ST-ZIP	LONGWOOD, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DEBBIE BROWN		
1.3 STREET ADDRESS	112 ICHABOD TR.		
1.4 CITY-ST-ZIP	LONGWOOD FL 32750		
2.1 TITLE	PD EMILY ENFINGER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	102 ICHABOD TR.		
2.4 CITY-ST-ZIP	LONGWOOD FL 32750		
3.1 TITLE	S/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	CAROLINE STACEY		
3.3 STREET ADDRESS	311 RAVEN ROCK LN.		
3.4 CITY-ST-ZIP	LONGWOOD FL 32750		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	VPD CHARLES SMOYER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	214 BROM BONES LN.		
5.4 CITY-ST-ZIP	LONGWOOD FL 32750		
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	MIKE FINN		
6.3 STREET ADDRESS	211 BROM BONES LN.		
6.4 CITY-ST-ZIP	LONGWOOD FL 32750		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CHARLES SMOYER DATE: 1/21/97

CR2E037 (9/96)