


FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725727** (2)  
1. Corporation Name  
**SLEEPY HOLLOW ASSOCIATION, INC.**



Principal Place of Business <b>214 BROM BONES LN. 121 ICHABOD TRAIL LONGWOOD FL 32750 US</b>	Mailing Address <b>214 BROM BONES LN. 121 ICHABOD TRAIL LONGWOOD FL 32750 US</b>
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3. Date Incorporated or Qualified <b>03/02/1973</b>	
4. FEI Number <b>59-6592801</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 <b>102 ICHABOD TRAIL</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>102 ICHABOD TRAIL</b> Suite, Apt. #, etc.
22 <b>214 BROM BONES LN</b> City & State	27 <b>214 BROM BONES LN</b> City & State
23 <b>LONGWOOD, FL</b> Zip	28 <b>LONGWOOD FL</b> Country
24 <b>32750</b>	25 <b>SEMINOLE</b>
29 <b>32750</b>	30 <b>SEMINOLE</b>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**SMOYER, CHARLES  
214 BROM BONES LN.  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rehashing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DEBBIE	1.2 NAME	JO-ELEN CREWS
STREET ADDRESS	112 ICHABOD TRAIL	1.3 STREET ADDRESS	303 RAVEN ROCK LN.
CITY-ST-ZIP	LONGWOOD, FL 00000	1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENFINGER, EMILY	2.2 NAME	ENFINGER EMILY
STREET ADDRESS	102 ICHABOD TRAIL	2.3 STREET ADDRESS	102 ICHABOD TRAIL
CITY-ST-ZIP	LONGWOOD, FL 00000	2.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLINE, STACEY	3.2 NAME	SWISHER, JAMES
STREET ADDRESS	311 RAVEN ROCK LN.	3.3 STREET ADDRESS	310 CRANE COVE LN.
CITY-ST-ZIP	LONGWOOD, FL 00000	3.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, BOB	4.2 NAME	JOHN BARNWELL
STREET ADDRESS	112 ICHABOD TRAIL	4.3 STREET ADDRESS	204 BROM BONES LN
CITY-ST-ZIP	LONGWOOD, FL 00000	4.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOYER, CHARLES	5.2 NAME	SMOYER, CHARLES
STREET ADDRESS	214 BROM BONES LANE	5.3 STREET ADDRESS	214 BROM BONES LANE
CITY-ST-ZIP	LONGWOOD, FL 00000	5.4 CITY-ST-ZIP	LONGWOOD, FL, 32750
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINN, MIKE	6.2 NAME	
STREET ADDRESS	211 BROM BONES LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/6/98 407 332-7273

CR2E037 (10/97)