

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90006 018 ****61.25

DOCUMENT # 725727

1. Entity Name

SLEEPY HOLLOW ASSOCIATION, INC.

Principal Place of Business

Mailing Address

304 CRANE COVE
 LONGWOOD FL 32750
 US

304 CRANE COVE
 LONGWOOD FL 32750
 US

2. Principal Place of Business

308 CRANE COVE

Suite, Apt. #, etc.

3. Mailing Address

308 CRANE COVE

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number

59-6592801

Applied For

Not Applicable

Zip

32750

Country

US

Zip

32750

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACKSON, BILLY
313 RAVEN ROCK LANE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **KIM TAGUE**

Street Address (P.O. Box Number is Not Acceptable)

308 CRANE COVE

City

LONGWOOD

FL

Zip Code

32750

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

KIM TAGUE

(NOTE: Registered Agent signature required when reinstating)

7/26/02

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANSON, DICK 306 CRANE COVE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN, MIKE 211 BROM BONES LANE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDA, RICHARD 216 BROM BONES LANE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LLOYD, MIDGE 111 ICHABOD LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUGHELL, BILL 309 RAVEN ROCK LANE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, BILLY 313 RAVEN ROCK LANE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/D TAGUE, KIMBERLY 308 CRANE COVE LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/D BRITT, BETTY 312 RAVEN ROCK LANE LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES./D GOLDA, RICHARD 216 BROM BONES LANE LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAYUG, DANIELLE/D 110 ICHABOD TRAIL LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANATTER, SHERRY 215 BROM BONES LANE LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SICKINBEE (Signature) KIMBERLY D. TAGUE 7/26/02 (407) 888-7227**

CR2E037 (4/02)