
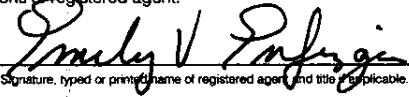



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90004 006 \*\*\*\*61.25

<b>DOCUMENT # 725727</b>					
1. Entity Name <b>SLEEPY HOLLOW ASSOCIATION, INC.</b>					
Principal Place of Business <b>327 RAVEN ROCK LN LONGWOOD, FL 32750 US</b>			Mailing Address <b>327 RAVEN ROCK LN LONGWOOD, FL 32750 US</b>		
2. Principal Place of Business <b>102 ICHABOD TRAIL</b>		3. Mailing Address <b>102 ICHABOD TRAIL</b>		07122004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LONGWOOD FL</b>		City & State <b>LONGWOOD FL</b>		4. FEI Number <b>59-6592801</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>32750</b>	Country <b>SEMINOLE</b>	Zip <b>32750</b>	Country <b>SEMINOLE</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRINT, BETRY 327 RAVEN ROCK LN LONGWOOD, FL 32750			Name <b>ENFINGER, EMILY</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>102 ICHABOD TRAIL</b>		
			City <b>LONGWOOD</b> FL Zip Code <b>32750</b>		
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 		<b>EMILY V ENFINGER, PRES</b>		<b>7-11-2004</b>	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAGUE, KIMBERLY 308 CRANE COVE LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENFINGER, EMILY 102 ICHABOD TRAIL LONGWOOD FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINT, BETTY 327 RAVEN ROCK LANE LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARREN, DAWN 331 RAVEN ROCK LANE LONGWOOD FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAGUE, KIMBERLY 308 CRANE COVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, LAJUAN H 313 RAVEN ROCK LN LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYUG, DANIELLE 1110 ICHABOD TRAIL LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 ICHABOD TRAIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANNATTER, DAVE 215 BROM BONES LANE LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAYUG, JOHN 110 ICHABOD TRAIL 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: 		<b>EMILY V ENFINGER, PRES</b>		<b>7-11-2004 407-332-7134</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	