


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 725727**

1. Entity Name  
**SLEEPY HOLLOW ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**102 ICHABOD TRL**      **102 ICHABOD TRL**  
**LONGWOOD, FL 32750 US**      **LONGWOOD, FL 32750 US**

**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**59-6592801**       Not Applicable

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

6. Name and Address of Current Registered Agent

**ENFINGER, EMILY**  
**102 ECHABOD TRL**  
**LONGWOOD, FL 32750**

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IN THIS SPACE**

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: EMILY V ENFINGER, PRES.      *Emily V Enfinger*      7/5/2006  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required upon reissuing)      DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

U00000570110  
07/13/06-80019-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENFINGER, EMILY 102 ICHABOD TRL LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARREN, DAWN 331 RAVEN ROCK LN LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAYUG, JOHN T 110 ICHABOD TR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GETZEN, PETER 116 ICHABOD TR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYUG, DANIELLE 110 ICHABOD TRL LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANNATTER, DAVE 215 BROM BONES LANE LONGWOOD, FL 32750

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: EMILY V ENFINGER      *Emily V Enfinger*      7/5/2006