


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2008 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      LONGWOOD FL 32750  
US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)  
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**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature included when constituting)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	TALLEY, BREANNA	
STREET ADDRESS	102 ICHABOD TRL	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, DAWN	
STREET ADDRESS	331 RAVEN ROCK LN	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEES, MARY BETH	
STREET ADDRESS	206 BROM BONES LANE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GETZEN, PETER	
STREET ADDRESS	116 ICHABOD TR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAYUG, DANIELLE	
STREET ADDRESS	110 ICHABOD TRL	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, JAMES	
STREET ADDRESS	316 RAVEN RUCK LANE	
CITY-ST-ZIP	LONGWOOD FL 32750	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000838535
CITY-ST-ZIP	03/05/08-80034-020 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Handwritten Signature]*      *Peter Getzen*