

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725727

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: SLEEPY HOLLOW ASSOCIATION, INC.

## Current Principal Place of Business:

102 ICHABOD TRL  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

116 ICHABOD TRL  
LONGWOOD, FL 32750 US

## Current Mailing Address:

102 ICHABOD TRL  
LONGWOOD, FL 32750 US

## New Mailing Address:

116 ICHABOD TRL  
LONGWOOD, FL 32750 US

FEI Number: 59-6592801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENFINGER, EMILY  
102 ECHABOD TRL  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

GETZEN, PETER  
116 ECHABOD TRL  
LONGWOOD, FL 32750 US

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.

SIGNATURE: PETER GETZEN

01/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: TALLEY, BREANNA  
Address: 102 ICHABOD TRL  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: WARREN, DAWN  
Address: P.O. BOX 520220  
City-St-Zip: LONGWOOD, FL 32752

Title: SD ( ) Delete  
Name: KEES, MARY BETH  
Address: 206 BROM BONES LANE  
City-St-Zip: LONGWOOD, FL 32750

Title: TD ( ) Delete  
Name: GETZEN, PETER  
Address: 116 ICHABOD TR  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: LAYUG, DANIELLE  
Address: 110 ICHABOD TRL  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: WHEELER, JAMES  
Address: 316 RAVEN RUCK LANE  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER GETZEN

TD

01/17/2009

Electronic Signature of Signing Officer or Director

Date