

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725727

FILED
Apr 22, 2012
Secretary of State

Entity Name: SLEEPY HOLLOW ASSOCIATION, INC.

Current Principal Place of Business:

116 ICHABOD TRL
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

116 ICHABOD TRL
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-6592801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GETZEN, PETER
116 ECHABOD TRL
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PETER L. GETZEN

TREA

04/22/2012

Electronic Signature of Signing Officer or Director

Date