

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90113 035 \*\*\*\*61.25

DOCUMENT # **725727**

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



Principal Place of Business  
**308 CRANE COVE  
LONGWOOD FL 32750  
US**

Mailing Address  
**308 CRANE COVE  
LONGWOOD FL 32750  
US**



2. Principal Place of Business  
**BETTY BRINT**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**327 RAVEN ROCK LN**

Suite, Apt. #, etc.

City & State  
**LONGWOOD FL**

City & State

Zip  
**32750**

Country  
**USA**

Zip

Country

4. FEI Number **59-6592801**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**TAGUE, KIM  
308 CRANE COVE  
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent  
Name **BETTY BRINT**  
Street Address (P.O. Box Number is Not Acceptable)  
**327 RAVEN ROCK LN**  
City **LONGWOOD** FL Zip Code **32750**

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 **Betty Brint** DATE **4-7-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TAGUE, KIMBERLY 308 CRANE COVE LONGWOOD FL 32750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRINT, BETTY 327 RAVEN ROCK LANE LONGWOOD FL 32750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GOLDA, RICHARD 216 BROM BONES LANE LONGWOOD FL 32750</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT LLOYD, MIDGE 111 ICHABOD LONGWOOD FL 32750</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAYUG, DANIELLE 1110 ICHABOD TRAIL LONGWOOD FL 32750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VANATTER, SHERRY 215 BROM BONES LANE LONGWOOD FL 32750</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT TREASURER LAJUAN H JACKSON 313 RAVEN ROCK LN LONGWOOD, FL 32750</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BETTY BRINT 327 RAVEN ROCK LN LONGWOOD 32750</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Kimberly TAGUE 308 CRANE COVE LONGWOOD 32750</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECY Emily Evinger 102 Ichabod TR LONGWOOD FL 32750</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVE VANATTER 215 BROM BONES LN LONGWOOD 32750</b> <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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Betty Brint** **REQUIRED**

CR2E037 (10/02)