

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727396

FILED
Jan 15, 2009
Secretary of State

Entity Name: SLEEPY HOLLOW FIRST ADDITION HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

210 GARDEN LN
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520186
LONGWOOD, FL 327520186

New Mailing Address:

FEI Number: 59-1727698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOLEY, R. EDWARD
1450 S.R. 434 W., SUITE 200
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: P () Delete
Name: DAMERST, DOUGLAS
Address: 210 GARDEN LN
City-St-Zip: LONGWOOD, FL 32750

Title: V () Delete
Name: REINSCHMIDT, JAMES
Address: 2 KATRINA COVE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: BAUMHOFER, PATRICIA
Address: 148 TARRYTOWN TRL
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: SELF, EDDIE
Address: 140TARRY TOWN TR
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: JENKINS, HARRY
Address: 126 TARRYTOWN TRL
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete
Name: LAJEUNESSE, PAT
Address: 16 SLEEPY HOLLOW COVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PAT, LAJEUNESSE
Address: 16 SLEEPY HOLLOW COVE
City-St-Zip: LONGWOOD, FL 32750

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

Title: T (X) Change () Addition
Name: SALVIA, ROCCO
Address: 1 TAPPAN ZEE LANE
City-St-Zip: LONGWOOD, FL 32750

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: ROCCO SALVIA

T

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date