## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 08, 2004 8:00 am Secretary of State

DOCUMENT # N9400001622  1. Entity Name SLEEPY HOLLOW PROPERTY OWNERS ASSOCIATION, INC.				1/22M	Secretary of State 01-08-2004 90051 006 ****61.25		
	e of Business Y HOLLOW LN 'L 33810 US	Mailing Address 2550 SLEEPY HOLLOW LAKELAND, FL 33810					
2. Principal P 2550 Suite, Apt.		3. Mailing Address 2550 LEEP Suite, Apt. #, etc.	Honow	w.			
City & Stat	e	Çity & Ştate		01052004 Chg-N 4. FEI Number 59-3278159	P CR2E03	_ <del></del>	plied For
3381	COURT COURTS	200 33810	Country US	5. Certificate of Status		No \$8.75 Add Fee Required	
	6. Name and Address of Current i			7. Name and Address	of New Registered A	lgent	
WOOTEN	IFAN		Name	RONALD HIEST	manu D		
WOOTEN, JEAN 2525 SLEEPY HOLLOW LANE- LAKELAND, FL 33810				Street Address (P.O. Box Number is Not Acceptable)			
,- 			City	-AKELAND	. <b>F</b> L	Zin Con	1/2
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or				
SIGNATURE	signature, typed or primed name of registered agent	Ron	<del></del>	TSTAND  In required when rejusted right	<b>J</b> ~	6-20	04
	Filing Fee is \$61.25	9. Election Car	npaign Financing	\$5.00 May Be	Make check		
, ,	Due by May 1, 2004	Trust Fund (	Contribution.	Added to Fees	Florida Depart		
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIF		
TITLE NAME	HIESTAND, RONALD	Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP	2550 SLEEPY HOLLOW LANE LAKELAND, FL 33810		STREET ADDRESS CITY-ST-ZIP		•		•
TITLE	DV .	Defete	TITLE	BILL JOHNSU	2	Change	Addition
NAME Street Address City-St-Zip	WICKER, MARY 2530 SLEEPY HOLLOW LANE LAKELAND, FL 33810	·	NAME Street Address City-St-Zip	LAKELAND FL	. 33810		
TITLE	DST	Delete	TITLE	WILTON WILL	11ms	☐ Change	X Addition
NAME CTRICT ADDRESS	WOOTEN, JEAN	•	NAME OTROTT LORDSON		•		
STREET ADDRESS CITY-ST-ZIP	2525 SLEEPY HOLLOW LANE LAKELAND, FL 33810		street address city-st-zip	LAKELMUD FL	33870		
TITLE	-	☐ Delete	TITLE	Ž	<u></u> .	☐ Change	Addition
NAME			NAME			- ·	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE	·		☐ Change	Addition
NAME		- Deserte	NAME			510190	/ TOURION
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	t i	4.	☐ Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS				
STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby of indicated of the core	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address.	wered to execute this report	r the exemption star ny signature shall h as required by Cha	ted in Section 119.07(3)(i), Florida ave the same legal effect as if mai opter 617, Florida Statutes; and that	Statutes. I further cert de under oath; that I a it my name appears in	tify that the ir im an officer i Block 10 or	nformation or director Block 11 if