

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90098 047 \*\*\*\*61.25

<b>DOCUMENT # N94000001622</b>					
<b>1. Entity Name</b> SLEEPY HOLLOW PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2550 SLEEPY HOLLOW LN LAKELAND, FL 33810 US			<b>Mailing Address</b> 2550 SLEEPY HOLLOW LN LAKELAND, FL 33810 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2655 Sleepy Hollow Lane		<b>3. Mailing Address</b> 2655 Sleepy Hollow Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3278159	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JOHNSON, WILLIAM H 2635 SLEEPY HARLOW LN LAKELAND, FL 33810			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 2635 Sleepy Hollow Lane City <b>FL</b> Zip Code		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating).    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, WILLIAM 2635 SLEEPY HOLLOW LN LAKELAND, FL 33810 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2635 Sleepy Hollow Lane		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV ASHLEY, PAM 2635 SLEEPY HOLLOW LANE LAKELAND, FL 33810 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2675 Sleepy Hollow Lane		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DST WARE, FRED 2635 SLEEPY HOLLOW LANE LAKELAND, FL 33810 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2655 Sleepy Hollow Lane		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <b>Secretary-Treasurer</b> 1/14/07 863-858- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

0749