2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001622

FILED Feb 29, 2008 Secretary of State

Entity Name: SLEEPY HOLLOW PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2655 SLEEPY HOLLOW LN LAKELAND, FL 33810 US LAKELAND, FL 33810 US

Current Mailing Address: New Mailing Address:

2655 SLEEPY HOLLOW LN 2635SLEEPY HOLLOW LN LAKELAND, FL 33810 US LAKELAND, FL 33810 US

FEI Number: 59-3278159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, WILLIAM H
2635 SLEEPY HARLOW LN
LAKELAND, FL 33810 US
JOHNSON, WILLIAM H
2635 SLEEPY HOLLOW LN
LAKELAND, FL 33810 US

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: 02/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 JOHNSON, WILLIAM
 Name:

 Address:
 2635 SLEEPY HOLLOW LANE
 Address:

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 ASHLEY, PAM
 Name:
 BAILEY, ROSEMARY

 Address:
 2675 SLEEPY HOLLOW LANE
 Address:
 2601 SLEEPY HOLLOW LANE

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:
 LAKELAND, FL 33810

Title: DST () Delete Title: DST (X) Change () Addition

Name: WARE, FRED Name: BLACK, DEAN

Address: 2655 SLEEPY HOLLOW LANE Address: 2617 SLEEPY HOLLOW LANE City-St-Zip: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33810

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: WILLIAM H. JOHNSON DP 02/29/2008