

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725727

FILED
Apr 26, 2018
Secretary of State
CC4830266949

Entity Name: SLEEPY HOLLOW ASSOCIATION, INC.

Current Principal Place of Business:

329 RAVEN ROCK LANE
LONGWOOD, FL 32750

Current Mailing Address:

329 RAVEN ROCK LANE
LONGWOOD, FL 32750 US

FEI Number: 59-6592801

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WARREN, DAWN
329 RAVEN ROCK LANE
LONGWOOD, FL 32750 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: DAWN WARREN

04/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BRINT, STEVE
Address 327 RAVEN ROCK LANE
City-State-Zip: LONGWOOD FL 32750

Title VP
Name WHEELER, CALVIN
Address 316 RAVEN ROCK LANE
City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name WARREN, DAWN
Address 329 RAVEN ROCK LANE
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name FIELD, HEATHER
Address 308 RAVEN ROCK LANE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name TAGUE, KIMBERLY
Address 308 CRANE COVE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name ALLEN, EDWARD
Address 318 RAVEN ROCK LANE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name TALLEY, BREANNA
Address 111 ICHABOD TRAIL
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name PIROS, NOEL
Address 202 BROM BONES LANE
City-State-Zip: LONGWOOD FL 32750

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: DAWN WARREN

TREASURER

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GEORGIEVA, MARGARITA
Address 112 ICHABOD TRAIL
City-State-Zip: LONGWOOD FL 32750