

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# 725727

**Jan 11, 2024**

**Entity Name:** SLEEPY HOLLOW ASSOCIATION, INC.

**Secretary of State  
9663599438CC**

**Current Principal Place of Business:**

308 RAVEN ROCK LANE  
LONGWOOD, FL 32750

**Current Mailing Address:**

P.O. BOX 520190  
LONGWOOD, FL 32752-0190 US

**FEI Number: 59-6592801**

**Certificate of Status Desired: No**

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

KLEMM, RUSSELL E. ESQ.  
C/O CLAYTON & MCCULLOH, P.A.  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751 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:** RUSSELL E. KLEMM, ESQ.

**01/11/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
Name            LAYUG, TOM  
Address        110 ICHABOD TRAIL  
City-State-Zip: LONGWOOD FL 32750

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

Title            SECRETARY  
Name            TRAAS, GENEVIEVE  
Address        304 CRANE COVE  
City-State-Zip: LONGWOOD FL 32750

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

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

Title            DIRECTOR  
Name            VIEGO, MIKE  
Address        206 BROM BONES LANE  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER  
Name            PARADIS, SAMANTHA  
Address        306 CRANE COVE  
City-State-Zip: LONGWOOD FL 32750

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*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:** HEATHER FIELD

**PRESIDENT**

**01/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name QUINONES, CARLOS  
Address 210 BROM BONES LANE  
City-State-Zip: LONGWOOD FL 32750