

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725727

**FILED**  
**Feb 07, 2014**  
**Secretary of State**  
**CC5239223919**

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

**Current Principal Place of Business:**

329 RAVEN ROCK LANE  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 520190  
LONGWOOD, FL 32752 US

**FEI Number:** 59-6592801

**Certificate of Status Desired:** No

**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

02/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ENFINGER, EMILY  
Address        102 ICHABOD TRAIL  
City-State-Zip: LONGWOOD FL 32750

Title            VP  
Name            NOLAN, DANIEL  
Address        202 BROM BONES 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            BRINT, ELIZABETH  
Address        327 RAVEN ROCK LANE  
City-State-Zip: LONGWOOD FL 32750

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

Title            DIRECTOR  
Name            MOORE, SHARON  
Address        105 ICHABOD TRAIL  
City-State-Zip: LONGWOOD FL 32750

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

Title            DIRECTOR  
Name            HETRICK, JEFFREY  
Address        116 ICHABOD TRAIL  
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:** DAWN WARREN

**TREASURER**

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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