

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725727

Entity Name: SLEEPY HOLLOW ASSOCIATION, INC.

Current Principal Place of Business:

202 BROM BONES LANE
LONGWOOD, FL 32750

Current Mailing Address:

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

FEI Number: 59-6592801

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KIRTLAND KIRIAN, MARLENE ESQ.
157 E. NEW ENGLAND AVENUE, SUITE 340
WINTER PARK, FL 32789 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: MARLENE KIRTLAND KIRIAN

02/19/2020

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

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

Title SECRETARY
Name PIROS, NOEL
Address 202 BROM BONES 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 WHEELER, CALVIN
Address 316 RAVEN ROCK LANE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name HETRICK, JULIE
Address 116 ICHABOD TRAIL
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name MOORE, SHARON
Address 105 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: NOEL KING PIROS

SECRETARY

02/19/2020

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