

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008873

Entity Name: SLEEPY HOLLOW SUBDIVISION HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7231 SLEEPY HOLLOW CIR
TALLAHASSEE, FL 32312**Current Mailing Address:**7231 SLEEPY HOLLOW CIR
TALLAHASSEE, FL 32312 US**FEI Number: 02-0741464****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PRICE, CHRISTOPHER R
7231 SLEEPY HOLLOW CIRCLE
TALLAHASSEE, FL 32312 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	MAXWELL, MARK
Address	7101 SLEEPY HOLLOW CIR
City-State-Zip:	TALLAHASSEE FL 32312

Title	SECRETARY
Name	MCDONALD, BETSY
Address	7132 SLEEPY HOLLOW CIR
City-State-Zip:	TALLAHASSEE FL 32312

Title	P
Name	PRICE, CHRISTOPHER R
Address	7231 SLEEPY HOLLOW CIRCLE
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	POAGE, STUART
Address	7207 SLEEPY HOLLOW CIRCLE
City-State-Zip:	TALLAHASSEE FL 32312

Title	OFFICER
Name	SPOONER, HETTIE
Address	7247 SLEEPY HOLLOW CIR
City-State-Zip:	TALLAHASSEE FL 32312

Title	OFFICER
Name	RODRIGUEZ, MONICA
Address	7125 SLEEPY HOLLOW CIR
City-State-Zip:	TALLAHASSEE FL 32312

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: CHRISTOPHER R. PRICE**PRESIDENT****01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date