LANLLAND, FI	_ 33010			
Current Mai	ling Address:			
	PY HOLLOW LN FL 33810 US			
FEI Number: 59-3278159			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
BAILEY, DOUG 2555 SLEEPY I LAKELAND, FL	HOLLOW LN			
The above name		1	tanad amount an hatta in the Otata of Fla	rido
	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fid	nua.
	I entity submits this statement for the purpose of changing its regis DOUGLAS BAILEY	stered office or regis	tered agent, or both, in the State of Fic	03/08/2016
		stered office or regis	rerea agent, or both, in the State of Fic	
	Electronic Signature of Registered Agent	stered office or regis	rerea agent, or both, in the State of Fic	03/08/2016
SIGNATURE	Electronic Signature of Registered Agent	Title	VP	03/08/2016
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			03/08/2016
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent	Title	VP	03/08/2016
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : P TABBERT, TED 2640 SLEEPY HOLLOW LANE	Title Name	VP WARE, FRED 2655 SLEEPY HOLLOW LANE	03/08/2016
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P TABBERT, TED 2640 SLEEPY HOLLOW LANE	Title Name Address	VP WARE, FRED 2655 SLEEPY HOLLOW LANE	03/08/2016
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P TABBERT, TED 2640 SLEEPY HOLLOW LANE LAKELAND FL 33810	Title Name Address	VP WARE, FRED 2655 SLEEPY HOLLOW LANE	03/08/2016
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : P TABBERT, TED 2640 SLEEPY HOLLOW LANE LAKELAND FL 33810 TREASURER	Title Name Address	VP WARE, FRED 2655 SLEEPY HOLLOW LANE	03/08/2016

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.

T/S

SIGNATURE: DOUGLAS BAILEY

Electronic Signature of Signing Officer/Director Detail

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400001622

## Entity Name: SLEEPY HOLLOW PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

2601 SLEEPY HOLLOW LN LAKELAND. FL 33810

# (

FILED Mar 08, 2016 **Secretary of State** CC4331456052

03/08/2016

Date