## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 725727** 

FILED Mar 30, 2010 Secretary of State

Entity Name: SLEEPY HOLLOW ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

116 ICHABOD TRL

LONGWOOD, FL 32750 US

Current Mailing Address: New Mailing Address:

116 ICHABOD TRL

LONGWOOD, FL 32750 US

FEI Number: 59-6592801 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GETZEN, PETER 116 ECHABOD TRL

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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VPD

Name: TALLEY, BREANNA
Address: 102 ICHABOD TRL
City-St-Zip: LONGWOOD, FL 32750

Title: D

 Name:
 WARREN, DAWN

 Address:
 P.O. BOX 520220

 City-St-Zip:
 LONGWOOD, FL 32752

Title: SD

Name: KEES, MARY BETH
Address: 206 BROM BONES LANE
City-St-Zip: LONGWOOD, FL 32750

Title: TD

 Name:
 GETZEN, PETER

 Address:
 116 ICHABOD TR

 City-St-Zip:
 LONGWOOD, FL 32750

Title:

Name: LAYUG, DANIELLE
Address: 110 ICHABOD TRL
City-St-Zip: LONGWOOD, FL 32750

Title: [

Name: WHEELER, JAMES
Address: 316 RAVEN RUCK LANE
City-St-Zip: LONGWOOD, FL 32750

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: PETER GETZEN TRES 03/30/2010