


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:09

**DOCUMENT # 727396 (4)**  
1. Corporation Name  
**SLEEPY HOLLOW FIRST ADDITION HOME OWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**P.O. BOX 186  
LONGWOOD FL 32752-0186**      **P.O. BOX 186  
LONGWOOD FL 32752-0186**

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/07/1973**      **05/01/1994**

4. FEI Number      Applied For / Not Applicable  
**59-1727698**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status            **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**COOLEY, R. EDWARD  
1450 S.R. 434 W., SUITE 200  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>PATCHETT, ROBT E</b>
STREET ADDRESS	<b>129 TERRY TOWN TRL</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>KINNEY, BEVERLY</b>
STREET ADDRESS	<b>14 TAPPANZEE LANE</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>SELF, EDWARD</b>
STREET ADDRESS	<b>148 TARRYTOWN TRL</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>T</b>
NAME	<b>FRIEND, MARTHANN K.</b>
STREET ADDRESS	<b>3 DUTCHMAN COVE</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>PFDDFFER, JOSEPH</b>
STREET ADDRESS	<b>102 WINDMILL WAY</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>TAYLOR, MONTE</b>
STREET ADDRESS	<b>123 TARRYTOWN TRL</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D BAUMHOFER, PATRICK</b>
2.3 STREET ADDRESS	<b>6 WOODEN SHOE LANE</b>
2.4 CITY-ST-ZIP	<b>LONGWOOD, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T REINSCHMIDT, JAMES R</b>
4.3 STREET ADDRESS	<b>2 KATRINA COVE</b>
4.4 CITY-ST-ZIP	<b>LONGWOOD, FL</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D MARSH, KAREN</b>
5.3 STREET ADDRESS	<b>16 SLEEPY HOLLOW COVE</b>
5.4 CITY-ST-ZIP	<b>LONGWOOD, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(iv), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James R. Reinhardt*      **JAMES R. REINSCHMIDT**      *1/16/95*      **298-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE