

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 727396 (4)

1. Corporation Name  
SLEEPY HOLLOW FIRST ADDITION HOME OWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 09/07/1973  
3a. Date of Last Report: 04/05/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1727698	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	24. Zip	29	29. Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOLEY, R. EDWARD  
1450 S.R. 434 W., SUITE 200  
LONGWOOD FL 32750

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATCHETT, ROBT E	1.2 NAME	STEVE HIGGINS
STREET ADDRESS	129 TERRY TOWN TRL	1.3 STREET ADDRESS	4 WOODEN SHOE LANE
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMHOFER, PATRICA	2.2 NAME	PATRICIA BAUMHOFER
STREET ADDRESS	6 WOODEN SHOE LANE	2.3 STREET ADDRESS	6 WOODEN SHOE LANE
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELF, EDWARD	3.2 NAME	JOHN MEACHAM
STREET ADDRESS	148 TARRYTOWN TRL	3.3 STREET ADDRESS	138 TARRYTOWN TRAIL
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINSCHMIDT, JAMES R	4.2 NAME	MARVIN KUYPER
STREET ADDRESS	2 KATRINA COVE	4.3 STREET ADDRESS	5 HUDSON COVE
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, KAREN	5.2 NAME	KAREN MARSH
STREET ADDRESS	16 SLEEPY HOLLOW COVE	5.3 STREET ADDRESS	16 SLEEPY HOLLOW COVE
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, MONTE	6.2 NAME	CAROL ESTERBROOK
STREET ADDRESS	123 TARRYTOWN TRL	6.3 STREET ADDRESS	1 WOODEN SHOE LANE
CITY-ST-ZIP	LONGWOOD FL	6.4 CITY-ST-ZIP	LONGWOOD, FL 32750

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

CR2E037 (9/96)