

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 727396 (4)**

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



Principal Place of Business <b>P.O. BOX 186 LONGWOOD FL 32752-0186</b>	Mailing Address <b>P.O. BOX 186 LONGWOOD FL 32752-0186</b>
---	---

3. Date Incorporated or Qualified <b>09/07/1973</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-1727698</b>		

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

6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HIGGINS, STEVE</b>	
STREET ADDRESS	<b>4 WOODEN SHOE LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAUMHOFER, PATRICA</b>	
STREET ADDRESS	<b>6 WOODEN SHOE LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MEACHAM, JOHN</b>	
STREET ADDRESS	<b>138 TARRYTOWN TRAIL</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KUYPER, MARVIN</b>	
STREET ADDRESS	<b>5 HUDSON COVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARSH, KAREN</b>	
STREET ADDRESS	<b>16 SLEEPY HOLLOW COVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ESTERBROOK, CAROL</b>	
STREET ADDRESS	<b>1 WOODEN SHOE LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HIGGINS, STEVE</b>	
1.3 STREET ADDRESS	<b>4 WOODEN SHOE LANE</b>	
1.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>WILLIAMS, SCOTT</b>	
2.3 STREET ADDRESS	<b>2 HUDSON COVE</b>	
2.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MEACHAM, JOHN</b>	
3.3 STREET ADDRESS	<b>138 TARRYTOWN TRAIL</b>	
3.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>PROBERT, ANN</b>	
5.3 STREET ADDRESS	<b>5 WOODEN SHOE LANE</b>	
5.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</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 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 if changed, or on an attachment with an address.

SIGNATURE *Marvin Kuyper* DATE *3/16/98*

CFR2E037 (10/97)