


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90004 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727396**

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 32752-0186
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/07/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1727698
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	FL 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINS, STEVE	1.2 NAME	CONTINO, DON
STREET ADDRESS	4 WOODEN SHOE LN	1.3 STREET ADDRESS	8 WOODEN SHOE LANE
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, SCOTT	2.2 NAME	GALLOWAY, MARY
STREET ADDRESS	2 HUDSON COVE	2.3 STREET ADDRESS	3 WOODEN SHOE LANE
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEACHAM, JOHN	3.2 NAME	MECHAM, JOHN
STREET ADDRESS	138 TARRYTOWN TRAIL	3.3 STREET ADDRESS	138 TARRYTOWN TR.
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUYPER, MARVIN	4.2 NAME	MAXWELL, MICHAEL
STREET ADDRESS	5 HUDSON COVE	4.3 STREET ADDRESS	2 WOODEN SHOE LN
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROBERT, ANN	5.2 NAME	KEEN, CARAY
STREET ADDRESS	5 WOODEN SHOE LN	5.3 STREET ADDRESS	109 WINDMILL WAY
CITY-ST-ZIP	LONGWOOD FL 32750	5.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTERBROOK, CAROL	6.2 NAME	DE ROUDE, GUILLESMO
STREET ADDRESS	1 WOODEN SHOE LANE	6.3 STREET ADDRESS	105 WINDMILL WAY
CITY-ST-ZIP	LONGWOOD FL	6.4 CITY-ST-ZIP	LONGWOOD, FL 32750

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: Michael Maxwell EVERETT MICHAEL MAXWELL 3/9/99 407-867-3253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)