

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # 727396

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

Principal Place of Business P.O. BOX 186 LONGWOOD FL 327520186	Mailing Address P.O. BOX 186 LONGWOOD FL 327520186
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-1727698

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOLEY, R. EDWARD 1450 S.R. 434 W., SUITE 200 LONGWOOD FL 32750 US		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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 _____ DATE **04/16/2001**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOULDEN BLANCH		NAME	BOULDEN BLANCHE	
STREET ADDRESS	5 WOODEN SHOE LANE		STREET ADDRESS	5 WOODEN SHOE LANE	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DP <input type="checkbox"/> Delete		TITLE	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLOWAY MARY		NAME	GALLOWAY MARY	
STREET ADDRESS	3 WOODEN SHOE LANE		STREET ADDRESS	3 WOODEN SHOE LANE	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DT <input type="checkbox"/> Delete		TITLE	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL MICHAEL		NAME	PEACOCK THERESA	
STREET ADDRESS	2 WOODEN SHOE LANE		STREET ADDRESS	13 TAPPEN ZEE LANE	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PD <input type="checkbox"/> Delete		TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEACHAM JOHN		NAME	MEACHAM JOHN	
STREET ADDRESS	138 TARRYTOWN TRAIL		STREET ADDRESS	138 TARRYTOWN TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DS <input type="checkbox"/> Delete		TITLE	TRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS SCOTT		NAME	DOHERTY SEAN	
STREET ADDRESS	2 HUDSON COVE		STREET ADDRESS	3 KATRINA COVE	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONTINO DON		NAME		
STREET ADDRESS	8 WOODEN SHOE LANE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MEACHAM PRES **04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)