

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 727396

FILED
Mar 19, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 186
LONGWOOD, FL 327520186

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 186
LONGWOOD, FL 327520186

New Mailing Address:

FEI Number: 59-1727698 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: CONTINO, DON
Address: 8 WOODEN SHOE LANE
City-St-Zip: LONGWOOD, FL 32750

Title: TRES () Delete
Name: DOHERTY, SEAN
Address: 3 KATRINA COVE
City-St-Zip: LONGWOOD, FL 32750

Title: PRES () Delete
Name: MEACHAM, JOHN
Address: 138 TARRYTOWN TRAIL
City-St-Zip: LONGWOOD, FL 32750

Title: DIR () Delete
Name: PEACOCK, THERESA
Address: 13 TAPPEN ZEE LANE
City-St-Zip: LONGWOOD, FL 32750

Title: SEC () Delete
Name: GALLOWAY, MARY
Address: 3 WOODEN SHOE LANE
City-St-Zip: LONGWOOD, FL 32750

Title: DIR () Delete
Name: BOULDEN, BLANCHE
Address: 5 WOODEN SHOE LANE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: WILLIAMS, SCOTT
Address: 2 HUDSON COVE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MEACHAM

PRES

03/19/2002

Electronic Signature of Signing Officer or Director

_____ Date