

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 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 32752-0186

Mailing Address
 P.O. BOX 186
 LONGWOOD, FL 32752-0186



01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1727698 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBER, PAUL 135 TARRYTOWN TR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES VALDES, BART 8 TAPPAN ZEE LANE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEURIMOND, CLAUDE 5 KATRINA COVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CHASTEEN, LYNDA 4 HORSEMAN COVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RUDD, SHAWN 145 TARRYTOWN TRAIL LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, SCOTT 2 HUDSON COVE LONGWOOD, FL 32750

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 01/16/04-80042-024 81.25

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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: Bart R. Valdes BART R. VALDES (TRES) 1/16/04 (407) 492-9164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #