

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90039 017 \*\*\*\*61.25

**DOCUMENT # 727396**  
 1. Entity Name  
**SLEEPY HOLLOW FIRST ADDITION HOME OWNERS' ASSOCIATION, INC.**



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

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/04)  
 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**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WEBER, PAUL<br>135 TARRYTOWN TR<br>LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TRES<br>VALDES, BART<br>8 TAPPAN ZEE LANE<br>LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FLEURIMOND, CLAUDE<br>5 KATRINA COVE<br>LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIR<br>CHASTEEN, LYNDA<br>4 HORSEMAN COVE<br>LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>RUDD, SHAWN<br>145 TARRYTOWN TRAIL<br>LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WILLIAMS, SCOTT<br>2 HUDSON COVE<br>LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>DAMERST, DOUGLAS<br>210 GARDEN LA<br>LONGWOOD, FL. 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>REINSCHMIDT JAMES<br>2 KATRINA COVE<br>LONGWOOD, FL. 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>BAUMHOFER, PATRICIA<br><del>6 WOODEN SHOE LANE</del><br>LONGWOOD, FL. 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>PATCHETT, ROBERT<br>129 TARRYTOWN TR<br>LONGWOOD, FL. 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>RUDD, SHAWN<br>145 TARRYTOWN TR<br>LONGWOOD, FL. 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>KUYPER, MARV<br>5 HUDSON COVE<br>LONGWOOD, FL. 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                        |

12. 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 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: *R.E. Patchett* **R.E. PATCHETT** 1-25-05 407 332-7568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #