

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727396

FILED
May 08, 2006
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: P () Delete
Name: DAMERST, DOUGLAS
Address: 210 GARDEN LN
City-St-Zip: LONGWOOD, FL 32750

Title: V () Delete
Name: REINSCHMIDT, JAMES
Address: 2 KATRINA COVE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: BAUMHOFER, PATRICIA
Address: 6 WOODENSHOE LANE
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: PATCHETT, ROBERT
Address: 129 TARRY TOWN TR
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: RUDD, SHAWN
Address: 145 TARRY TOWN TR
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: KUYPER, MARV
Address: 5 HUDSON COVE
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: T (X) Change () Addition
Name: BASQUILL, JUSTIN
Address: 128 TARRY TOWN TR
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change () Addition
Name: KESSLER, STEVE
Address: 3 DUTCHMAN COVE
City-St-Zip: LONGWOOD, FL 32750

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JUSTIN T. BASQUILL

T

05/08/2006

Electronic Signature of Signing Officer or Director

_____ Date