## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 727396**

FILED Jan 15, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 210 GARDEN LN LONGWOOD, FL 32750 **Current Mailing Address: New Mailing Address:** P.O. BOX 520186 LONGWOOD, FL 327520186 FEI Number: 59-1727698 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOLEY, R. EDWARD 1450 S.R. 434 W., SUITE 200 LONGWOOD, FL 32750 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DAMERST, DOUGLAS Name: Name: 210 GARDEN LN Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition REINSCHMIDT, JAMES Name: PAT, LAJEUNESSE Name: Address: 2 KATRINA COVE Address: 16 SLEEPY HOLLOW COVE City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: () Change () Addition BAUMHOFER, PATRICIA Name: Name: 148 TARRYTOWN TRL Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SELF, EDDIÈ Name: Name: SALVIA, ROCCO 140TARRY TOWN TR 1 TAPPAN ZEE LANE Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: () Change () Addition JENKINS, HARRY Name: Name: 126 TARRYTOWN TRL Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: (X) Delete Title: () Change () Addition LAJEUNESSE, PAT Name: Name: Address: 16 SLEEPY HOLLOW COVE Address: LONGWOOD, FL 32750 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROCCO SALVIA T 01/15/2009