

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90712 018 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1727698**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>CONTINO, DON</b> <b>8 WOODEN SHOE LANE</b> <b>LONGWOOD FL 32750</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <b>DOHERTY, SEAN</b> <b>3 KATRINA COVE</b> <b>LONGWOOD FL 32750</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>MEACHAM, JOHN</b> <b>138 TARRYTOWN TRAIL</b> <b>LONGWOOD FL 32750</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>PEACOCK, THERESA</b> <b>13 TAPPEN ZEE LANE</b> <b>LONGWOOD FL 32750</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>GALLOWAY, MARY</b> <b>3 WOODEN SHOE LANE</b> <b>LONGWOOD FL 32750</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>WILLIAMS, SCOTT</b> <b>2 HUDSON COVE</b> <b>LONGWOOD FL 32750</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAUL WEBER</b> <b>135 TARRYTOWN TR.</b> <b>LONGWOOD, FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES.</b> <b>VALDES, BART</b> <b>8 TAPPAN ZEE LANE</b> <b>LONGWOOD, FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>CLAUDE FLEURIMOND</b> <b>5 KATRINA COVE</b> <b>LONGWOOD, FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>LYNDA CHASTEEN</b> <b>4 HORSEMAN COVE</b> <b>LONGWOOD, FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC.</b> <b>SHAWN RUDD</b> <b>145 TARRYTOWN TRAIL</b> <b>LONGWOOD, FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES.</b> <b>WILLIAMS, SCOTT</b> <b>2 HUDSON COVE</b> <b>LONGWOOD, FL 32750</b>	<input checked="" type="checkbox"/> Change <input 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: **SCOTT WILLIAMS** **1/8/03** **(407)422-2454**

CR2E037 (10/02)

Attachment 727396

11 000183

ALSO ADD

DIR.

SUSAN KUHN

127 TARRYTOWN TRAIL

LONGWOOD, FL 32750