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

DOCUMENT # 727396

1. Entity Name

SLEEPY HOLLOW FIRST ADDITION HOME OWNERS' ASSOCI



Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90712 018 ****61.25

FILED

ATION, INC.				WE THE				
Principal Place of Business		Mailing Address						
P.O. BOX 186 LONGWOOD FL 32752-0186		P.O. BOX 186 LONGWOOD FL 32752-0186						
CONOMOOD 12	32.32 3.33				1 10 00 11 10 10 11 11	 Larra mua ladi ian alah 18	Bil bibli bibli bibli	0.001 1001
O Dissipal D	and of Business	3. Mailing Address		.				
2. Principal Place of Business		3. Mailing Address) 160)lt 16019 (2011 2000) 21110 (0110 DEN GLOU DEN GLOU DEN GLOU GLOU GLOU GLOU GLOU			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
		City & State			4. FEI Number 59-1727698 Applied For			
City & State		Only a diale			Not Applicable			
Zip Country		=-r		ntry	5. Certificate of Sta	tus Desired	\$8.75 Addit	
· ·	and agreement the same and	Designation of the second			7. Name and Address of New Registered Agent			
6. Name and Address of Current Registered Agent				Name				
COOLEY, R. EDWARD				Street Address (P.O. Box Number is Not Acceptable)				
	434.W., SUITE 200		Stiest Addiess					
4	OD FL 32750							
	,			City		F	L 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								
	ons of registered agent.	or the purpose of their ging				- 3		
	√ - •							
SIGNATURE -		and title if applicable (N	OTF: Registered	Agent signature regu	uired when reinstating)	DATE		<u>-</u>
	Signature, typed or printed name of registered agent	and trie if applicable. (14		Agent signature requ				
÷	. 8	9. Election C	amnaign Fi	nancing	\$5.00 May Be	Make Che	ck Payable	to
F	TILE NOW: FEE IS \$61.25	1	Trust Fund Contribution.			Florida Depa		
						S TO OFFICERS AND	DIRECTORS IN	10
10.	OFFICERS AND DI		11.	I VI		3 TO OTTICE TO AIVE	Change	Addition
TITLE	DVP Contino, don	🔀 Delete	TITLE	PA	JUL WEBER 35 TARRYTOWA	- 4		
NAME STREET ADDRESS	8 WOODEN SHOE LANE							
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-		NGWOOD, FL	327.	20	
TITLE	TRES	X Delete	TITLE		res.		Change	Addition
NAME	DOHERTY, SEAN		NAME	T ADDOCTOR V	ALDES, BARTAPPAN ZET	T		
STREET ADDRESS CITY-ST-ZIP	3 KATRINA COVE			ST-ZIP	TAPPAN ZEL	1 32750		
	LONGWOOD FL 32750 PRES	⊠ Delete	TITLE	300	R.		☐ Change	Addition
TITLE NAME	MEACHAM, JOHN	Delete	NAME	: <i>cu</i>	LANDE FLEUR	MonD		^
STREET ADDRESS	138 TARRYTOWN TRAIL			ET ADDRESS 5	KATRINA CON	E		(
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-		ONFWOOD, FL	32750		K7 care
TITLE	DIR	🔀 Delete	TITLE		112	TEEN	☐ Change	Addition
NAME	PEACOCK, THERESA		NAME STREE	ET ADDRESS 4	YNDA CHAS. HORSEMAN	COVE		
STREET AODRESS CITY-ST-ZIP	13 TAPPEN ZEE LANE LONGWOOD FL 32750			-ST-ZIP	onbusso, F	L 32750		
TITLE	SEC	✓ Delete	TITLE		۲.		Change	Addition
NAME	GALLOWAY, MARY		: NAME	E 5	HAWW RUDD			
STREET ADDRESS	3 WOODEN SHOE LANE			ET ADDRESS 1 4	5 TARRY DOW	√ / Kmt !		
CITY-ST-ZIP	LONGWOOD FL 32750				ONGWOOD, FL	32750	Change	Addition
TITLE	DIR	☐ Delete	, TITLE NAMI	1 * '	RES.	+-	paj Change	
NAME STREET ADDRESS	WILLIAMS, SCOTT			ET ADDRESS 2	ITLLIAMS, SCO HUDSON CON	E		
STREET ADDRESS CITY-ST-ZIP	2 HUDSON COVE LONGWOOD FL 32750				NEWOOD, FL			
	LEGISCHICOD LE OFICE	,,						nformation

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:

1/8/03

(407)422-2454

Hachment 727396 11000183 ALSO

ADD

DIR.

SUSAN KUHN

27 TARRYTOWN TRAIL

LONGWOOD, FL 32750