

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

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 037 ****61.25

DOCUMENT # 744430

1. Entity Name

SLEEPY HOLLOW RECREATION ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 291374
PORT ORANGE FL 32129

Mailing Address

P.O. BOX 291374
PORT ORANGE FL 32129

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

59-1987849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORC, JOHN
732 HORSEMAN DRIVE
PORT ORANGE FL 32127**

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
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	PD	<input type="checkbox"/> Delete
NAME	GREGORC, JOHN	
STREET ADDRESS	732 HORSEMAN DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	D'AMADIO, EDWARD	
STREET ADDRESS	736 HORSEMAN DR	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TETA, CAROL	
STREET ADDRESS	726 TARRYTOWN TRAIL	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUNT, LINDA	
STREET ADDRESS	725 SLEEPY HOLLOW DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTOW, DONNA	
STREET ADDRESS	702 KRISTINA CT.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERIBELLI, ANTHONY	
STREET ADDRESS	778 HORSEMAN DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN S. TITKEMEIER	
STREET ADDRESS	744 HORSEMAN DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-05

Date

386-738-3845

Daytime Phone #