2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 744430

Entity Name: SLEEPY HOLLOW RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 291374
PORT ORANGE, FL 32129

New Principal Place of Business:

732 HORSEMAN DR
PORT ORANGE, FL 32129

Current Mailing Address:

P.O. BOX 291374
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-1987849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGORC, JOHN
732 HORSEMAN DRIVE
PORT ORANGE, FL 32127 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:	PD	( ) Delete
Name:	GREGORC, JOHN	
Address:	732 HORSEMAN DRIVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	TD	( ) Delete
Name:	TITKEMEIER, ALAN	
Address:	744 HORSEMAN DR	
City-St-Zip:	PT ORANGE, FL 32127	
Title:	VD	( ) Delete
Name:	TETA, CAROL	
Address:	726 TARRYTOWN TRAIL	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	SD	( ) Delete
Name:	HUNT, LINDA	
Address:	725 SLEEPY HOLLOW DRIVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	D	( ) Delete
Name:	BARTOW, DONNA	
Address:	702 KRISTINA CT.	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	D	( ) Delete
Name:	CERIBELLI, ANTHONY	
Address:	778 HORSEMAN DRIVE	
City-St-Zip:	PORT ORANGE, FL 32127	

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:	SD	(X) Change ( ) Addition
Name:	MEADOWS, JAMES	
Address:	752 TARRYTOWN TR	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: ALAN S. TITKEMEIER TD 02/25/2009

Electronic Signature of Signing Officer or Director — Date