

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744430

FILED
Feb 23, 2011
Secretary of State

Entity Name: SLEEPY HOLLOW RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

732 HORSEMAN DR
PORT ORANGE, FL 32129

New Principal Place of Business:

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
Name: GREGORC, JOHN
Address: 732 HORSEMAN DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: TD
Name: TITKEMEIER, ALAN
Address: 744 HORSEMAN DR
City-St-Zip: PT ORANGE, FL 32127

Title: VD
Name: TETA, CAROL
Address: 726 TARRYTOWN TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: SD
Name: MEADOWS, JAMES
Address: 752 TARRYTOWN TR
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: BARTOW, DONNA
Address: 702 KRISTINA CT.
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: BENNETT, DAVID
Address: 704 SLEEPY HOLLOW DR
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: ALAN S. TITKEMEIER

TD

02/23/2011

Electronic Signature of Signing Officer or Director

Date