

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767944

FILED
Feb 18, 2010
Secretary of State

Entity Name: SLEEPY HOLLOW MOBILE ESTATES, INC.

Current Principal Place of Business:

38615 LANSING AVENUE
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

38615 LANSING AVENUE
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

FEI Number: 59-2521065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLER, CHARLES D ESQ
38038 MERIDIAN AVE
DADE CITY, FL 33525 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: COTE', JULES
Address: 38716 LANSING AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SD
Name: FINCH, MARILYN
Address: 38637 REMORA AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D
Name: BROWN, WILFRED
Address: 38629 WINDFLOWER AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VPD
Name: GADAPPEE, DONALD D
Address: 38512 REMORA AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D
Name: LATHROP, LOUISE
Address: 38605 WINDFLOWER AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TD
Name: JOSLIN, BEATRICE
Address: 38531 REMORA AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33542

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: JULES COTE

PD

02/18/2010

Electronic Signature of Signing Officer or Director

Date