

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01963

FILED
Apr 24, 2008
Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF SLEEPY HOLLOW, INC.

Current Principal Place of Business:

3580 BURKHOLM RD
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

3580 BURKHOLM RD
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-2904051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNINGTON, ROBERT
3580 BURKHOLM RD.
MIMS, FL 32754 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: PENNINGTON, ROBERT,
Address: 3580 BURKHOLM RD.
City-St-Zip: MIMS, FL

Title: VD () Delete
Name: SOWARDS, GARLAND,
Address: P.O. BOX 6021
City-St-Zip: TITUSVILLE, FL 32781

Title: D () Delete
Name: PENNINGTON, JUANITA,
Address: 3580 BURKHOLM RD.
City-St-Zip: MIMS, FL

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:

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: JUANITA PENNINGTON

D

04/24/2008

Electronic Signature of Signing Officer or Director

Date