

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01963

**FILED**  
**Apr 04, 2011**  
**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  
Name: PENNINGTON, ROBERT  
Address: 3580 BURKHOLM RD.  
City-St-Zip: MIMS, FL 32754

Title: D  
Name: PENNINGTON, JUANITA  
Address: 3580 BURKHOLM RD.  
City-St-Zip: MIMS, FL 32754

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: ROBERT G. PENNINGTON

PD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date