## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002372

FILED Apr 12, 2004 Secretary of State

Entity Name: SLEEPY HOLLOW ADDITION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	HWY 441 101 RG, FL 34788		9800 US HWY 441 STE. 101 LEESBURG, FL 34788	
Current N	Aailing Address	:	New Mailing Address:	
	HWY 441 101 RG, FL 34788		9800 US HWY 441 STE. 101 LEESBURG, FL 34788	
FEI Number	r: 59-3248997	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
The above	e named entity su e of Florida. RE:		purpose of changing its registered	office or registered agent, or both,
The above in the Stat	e named entity su e of Florida. RE:			office or registered agent, or both,  Date
The above in the Stat	e named entity su e of Florida. RE:	bmits this statement for the Signature of Registered Ag	ent	Date
The above in the Stat	e named entity su e of Florida. RE: Electronic	bmits this statement for the Signature of Registered Agones: Helete 1 101	ent  ADDITIONS/CHANGES	
The above in the Stat SIGNATU  OFFICER  Title: Name: Address:	e named entity su e of Florida.  RE:  Electronic  S AND DIRECTO  PD () D  FISCHER, NEIL J  9800 US HWY 44  LEESBURG, FL	bmits this statement for the Signature of Registered Agonas: The statement for the Signature of Registered Agonas: The statement for the Signature of Registered Agonas Signature of Regis	ent  ADDITIONS/CHANGES  Title: ( Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NEIL J. FISCHER P 04/12/2004