

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 30, 2004
Secretary of State**

DOCUMENT# N03000008873

Entity Name: SLEEPY HOLLOW SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

2012-D NORTH POINT BLVD
TALLAHASSEE, FL 32308

Current Mailing Address:

New Mailing Address:

2012-D NORTH POINT BLVD
TALLAHASSEE, FL 32308

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASEDY, MARSHALL R JR
2012-D NORTH POINT BLVD
TALLAHASSEE, FL 32308

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASEDY, MARSHALL R JR
Address: 2012-D NORTH POINT BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: CASEDY, SUSAN
Address: 2012-D NORTH POINT BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: HAIRE, MONICA
Address: 2012-D NORTH POINT BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: RITCHIE, KIM
Address: 2012-D NORTH POINT BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARSHALL R. CASEDY JR.

PD

08/30/2004

Electronic Signature of Signing Officer or Director

_____ Date