

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90036 047 \*\*\*\*61.25

DOCUMENT # N03000008873



1. Entity Name

SLEEPY HOLLOW SUBDIVISION HOMEOWNERS  
ASSOCIATION, INC.

Principal Place of Business

2012-D NORTH POINT BLVD  
TALLAHASSEE FL 32308

Mailing Address

2012-D NORTH POINT BLVD  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

EIN # 1st MOORE CR2E037 (10/04)  
D2-0741464

4. Fee Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CASSEDY, MARSHALL R JR  
STREET ADDRESS 2012-D NORTH POINT BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE VD  
NAME CASSEDY, SUSAN  
STREET ADDRESS 2012-D NORTH POINT BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE S  
NAME HAIRE, MONICA  
STREET ADDRESS 2012-D NORTH POINT BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

TITLE TD  
NAME RITCHIE, KIM  
STREET ADDRESS 2012-D NORTH POINT BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME Michelle Currie  
STREET ADDRESS 2012-D North Point Blvd.  
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/05

850-386-4700

Date

Daytime Phone #