

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008873

FILED
Apr 21, 2009
Secretary of State

Entity Name: SLEEPY HOLLOW SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2012-D NORTH POINT BLVD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2012-D NORTH POINT BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 02-0741464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSEDY, MARSHALL R JR
2012-D NORTH POINT BLVD
TALLAHASSEE, FL 32308 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: CASSEDY, MARSHALL R JR
Address: 2012-D NORTH POINT BLVD
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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:

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: MARSHALL R CASSEDY JR

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date