

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010444

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** SLEEPY HOLLOW FIRST ADDITION HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

206 ELM AVE.  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1569  
SANFORD, FL 32772

**New Mailing Address:**

**FEI Number:** 20-1908100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL ABOUT MANAGEMENT, INC.  
206 ELM AVENUE  
SANFORD, FL 32771 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: PRES ( ) Delete  
Name: MARTINEZ, FIDEL  
Address: 2716 SAVANNAH DRIVE  
City-St-Zip: LEESBURG, FL 34748

Title: VP ( ) Delete  
Name: SHARFF, ANDREW  
Address: 208 ROUND MAN  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MAUK, JOE  
Address: 179 PATRICE HOPE  
City-St-Zip: LEESBURG, FL 34748

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

Title: SEC ( ) Change (X) Addition  
Name: AMOS, LINDA SUE  
Address: 2713 SAVANNAH DRIVE  
City-St-Zip: LEESBURG, FL 34748

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: ANGELIA L. GORDON

RA

01/19/2009

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

\_\_\_\_\_  
Date