2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2009
Secretary of State

DOCUMENT# N04000010444

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:

206 S. ELM AVE.
SANFORD, FL 32771

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:

ALL ABOUT MANAGEMENT, INC.
206 S. ELM AVENUE
SANFORD, FL 32771 US

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: _____ 07/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HYER, JAMES
Address: 183 PATRICE HOPE
City-St-Zip: LEESBURG, FL 34748

Title: SEC (X) Change ( ) Addition
Name: SINGH, MALINA
Address: 2621 ATHENS DR
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: TOM TEMPFER MGR 07/24/2009
Electronic Signature of Signing Officer or Director — Date