

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000001438

**FILED**  
**Jan 22, 2014**  
**Secretary of State**

**Entity Name:** SLEEPY HILL STATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2601 SLEEPY HILL ROAD  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SLEEPY HILL ROAD  
LAKELAND, FL 33809

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

HOLLON, J.L.  
2601 SLEEPY HILL ROAD  
LAKELAND, FL 33809 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: J.L. HOLLON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVSD  
Name: HOLLON, J.L.  
Address: 2601 SLEEPY HILL ROAD  
City-St-Zip: LAKELAND, FL 33809

Title: D  
Name: RIMMER, RONALD  
Address: 2517 SLEEPY HILL ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: D  
Name: FRASER, GLORIA  
Address: 5518 CHILES LANE  
City-St-Zip: LAKELAND, FL 33810

Title: D  
Name: FRASER, LAUREN  
Address: 5745 CRAFTON DRIVE  
City-St-Zip: LAKELAND, FL 33809

Title: D  
Name: DYER, MIRANDA  
Address: 2529 SLEEPY HILL ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: D  
Name: PHOA, PAIGE M  
Address: 2505 SLEEPY HILL ROAD  
City-St-Zip: LAKELAND, FL 33810

I hereby 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 all other like empowered.

SIGNATURE: J.L. HOLLON

PVSD

01/22/2014

Electronic Signature of Signing Officer or Director

Date