2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N09203

Entity Name: SLEEPY HOLLOW HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3 SLEEPY HOLLOW DR.
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

3 SLEEPY HOLLOW DR.
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 59-2653893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELROD, FRANKLIN D
9 SLEEPY HOLLOW DR.
MARY ESTHER, FL 32569 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: D ( ) Delete
Name: FLINKERBUSCH, RONALD,
Address: 3 SLEEPY HOLLOW DR.
City-St-Zip: MARY ESTHER, FL

Title: D ( ) Delete
Name: SHEPPARD, MIKE
Address: 5 SLEEPY HOLLOW DRIVE
City-St-Zip: MARY ESTHER, FL

Title: PD ( ) Delete
Name: ELROD, DAVID
Address: 9 SLEEPY HOLLOW DRIVE
City-St-Zip: MARY ESTHER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLINKERBUSCH, RONALD
Address: 3 SLEEPY HOLLOW DR.
City-St-Zip: MARY ESTHER, FL 32569

Title: D (X) Change ( ) Addition
Name: SHEPPARD, MIKE
Address: 5 SLEEPY HOLLOW DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: PD (X) Change ( ) Addition
Name: ELROD, DAVID
Address: 9 SLEEPY HOLLOW DRIVE
City-St-Zip: MARY ESTHER, FL 32569

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: FLINKERBUSCH, RONALD D 01/16/2009

Electronic Signature of Signing Officer or Director — Date