

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006129**

1. Entity Name

SLEEPY HOLLOW HOMEOWNERS ASSOCIATION OF LAKE COU**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90025 042 *****61.25

Principal Place of Business

Mailing Address

**9800 U.S. HIGHWAY 441 STE. 101
LEESBURG FL 34788****9800 U.S. HIGHWAY 441 STE. 101
LEESBURG FL 34788****00020809**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISCHER, NEIL J
9800 U.S. HIGHWAY 441 STE. 101
LEESBURG FL 34788**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	FISCHER, NEIL J	9800 U.S. HIGHWAY 441 STE. 101	LEESBURG FL 34788				
D	WATERS, RICHARD	P.O. BOX 1070 N/A	UMATILLA FL 32784				
D	RYAN, JOHN P	171 PAUL MCCLURE CT.	CASSELBERRY FL 32707				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)