

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000006129**

1. Entity Name  
**SLEEPY HOLLOW HOMEOWNERS ASSOCIATION OF  
LAKE COUNTY, INC.**



Principal Place of Business  
**9800 U.S. HIGHWAY 441 STE. 101  
LEESBURG, FL 34788**

Mailing Address  
**9800 U.S. HIGHWAY 441 STE. 101  
LEESBURG, FL 34788**



01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-3248997</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

1100000948631

06/02/08-80062-020 61.25

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #