

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727396

**Entity Name:** SLEEPY HOLLOW FIRST ADDITION HOME OWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 23, 2014**  
**Secretary of State**  
**CC2796695798**

**Current Principal Place of Business:**

2 HUDSON COVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

P.O. BOX 520186  
LONGWOOD, FL 32752-0186

**FEI Number: 59-1727698**

**Certificate of Status Desired: No**

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

COOLEY, R. EDWARD  
2965 STATE ROAD 434 WEST  
LONGWOOD, FL 32779 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	T
Name	WILLIAMS, SCOTT	Name	BAUMHOFER, PATRICIA
Address	2 HUDSON COVE	Address	6 WOODEN SHOE LANE
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750
Title	S	Title	VP
Name	MARSH, KAREN	Name	LEE, BUZZ
Address	16 SLEEPY HOLLOW COVE	Address	149 TARRYTOWN TRAIL
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

*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: PATRICIA BAUMHOFER

TREASURER

01/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date