

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90092 022 \*\*\*\*61.25

**DOCUMENT # N20067**

1. Entity Name

**SUN VALLEY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 3936  
 BOYNTON BEACH FL 33437  
 US

Mailing Address

P.O. BOX 3936  
 BOYNTON BEACH FL 33437  
 US

2. Principal Place of Business

P.O. Box 740362

3. Mailing Address

P.O. Box 740362

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

59-2913606

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WIENER, JEROME  
 9764 LEMONWOOD WAY  
 BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

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

TITLE NAME	S THORNE, GERALD H	<input type="checkbox"/> Delete
STREET ADDRESS	5798 SUN POINTE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE NAME	T DELANG, BOURDON	<input type="checkbox"/> Delete
STREET ADDRESS	4613 EL CLAIR RANCH ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE NAME	VP HALPERN, LOWELL	<input type="checkbox"/> Delete
STREET ADDRESS	9260 LAUREL GREEN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE NAME	D LIEBESKIND, ARNOLD	<input type="checkbox"/> Delete
STREET ADDRESS	9580 EL CLAIR RANCH RD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE NAME	S TUCKER, CYRIL P	<input type="checkbox"/> Delete
STREET ADDRESS	5581 SPRING LAKES TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE NAME	D AMATO, BARBARA C	<input type="checkbox"/> Delete
STREET ADDRESS	6064 SUN BERRY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01 961 732 8338  
 Date Daytime Phone #

CR2E037 (10/00)