

SECOND NOTICE: CORPORATION WILL BE DISCLOSED ON OR AFTER AUGUST 2, 1995.  
 AMOUNT DUE ON OR BEFORE DATE: \$150 BY DEPOSITING PROCEEDS TO TREASURY.

APPROVED  
AND  
FILED

95 JUL -6 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N38873 (8)**  
 1. Corporation Name  
**SPRING VALLEY CLUB HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**C/O CARL H. CAHILL**      **C/O CARL H. CAHILL**  
**131 PARK LAKE STREET**      **131 PARK LAKE STREET**  
**ORLANDO FL 32803**      **ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/29/1990</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>59-2906592</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 190.019 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt #, etc	2b. Suite, Apt #, etc
23. City & State	2c. City & State
24. Zip	25. Quantity
26. Zip	27. Quantity
28. City & State	29. City & State
30. City & State	31. City & State

9. Name and Address of Current Registered Agent <b>CAHILL, CARL H.</b> <b>131 PARK LAKE STREET</b> <b>ORLANDO FL 32803</b>	10. Name and Address of New Registered Agent 81. Name <b>G. Scott Cahill</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>131 Park Lake Street</b> 83. 84. City <b>Orlando</b> FL 85. Zip Code <b>32803</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **6/30/95**

12. OFFICERS AND DIRECTORS		13. AGENTS AND CHANGES TO REGISTERED OFFICE AND AGENT	
TITLE <b>PD</b>	NAME <b>CAHILL, CARL H.</b> STREET ADDRESS <b>131 PARK LAKE ST.</b> CITY, ST, ZIP <b>ORLANDO FL</b>	11. TITLE <b>D</b>	NAME <b>Carl H. Cahill</b> STREET ADDRESS <b>131 Park Lake Street</b> CITY, ST, ZIP <b>Orlando, FL 32803</b>
TITLE <b>STD</b>	NAME <b>CAHILL, G. SCOTT</b> STREET ADDRESS <b>131 PARK LAKE ST.</b> CITY, ST, ZIP <b>ORLANDO FL</b>	21. TITLE	
TITLE <b>VD</b>	NAME <b>GIERLY, SANDRA T.</b> STREET ADDRESS <b>128 HAMLIN T LANE</b> CITY, ST, ZIP <b>ALTAMONTE SPGS. FL</b>	22. NAME	
TITLE <b>D</b>	NAME <b>AUERBACH DAVID</b> STREET ADDRESS <b>521 SPRING CLUB LANE</b> CITY, ST, ZIP <b>ALTAMONTE SPRINGS FL</b>	23. STREET ADDRESS	
TITLE <b>D</b>	NAME <b>ROGERS THOMAS</b> STREET ADDRESS <b>201 MAJESTIC OAK DR</b> CITY, ST, ZIP <b>ALTAMONTE SPRINGS FL</b>	24. CITY, ST, ZIP	
TITLE	NAME	31. TITLE	
TITLE	NAME	32. NAME	
TITLE	NAME	33. STREET ADDRESS	
TITLE	NAME	34. CITY, ST, ZIP	
TITLE	NAME	41. TITLE	
TITLE	NAME	42. NAME	
TITLE	NAME	43. STREET ADDRESS	
TITLE	NAME	44. CITY, ST, ZIP	
TITLE	NAME	51. TITLE	
TITLE	NAME	52. NAME	
TITLE	NAME	53. STREET ADDRESS	
TITLE	NAME	54. CITY, ST, ZIP	
TITLE	NAME	61. TITLE	
TITLE	NAME	62. NAME	
TITLE	NAME	63. STREET ADDRESS	
TITLE	NAME	64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my resignation shall have the same legal effect as if made orally. I am an officer or director of the corporation or the registered office agent authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. **Signature** \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE **6/21/95** (407) 841-2450

CR2E037 (3/95)