

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
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
131 PARK LAKE STREET
ORLANDO FL 32803

C/O CARL H. CAHILL
131 PARK LAKE STREET
ORLANDO FL 32803

3. Date Incorporated or Qualified
06/29/1990

3a. Date of Last Report
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **DAVID AUERBACH**

22 City & State

27 **521 Spring Club Lane**

23 Zip

Country

28 Zip

Country

24

25

29 **32714**

30

Seminole

4. FEI Number
59-2905592

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAHILL, SCOTT G.
131 PARK LAKE STREET
ORLANDO FL 32803

81 Name

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

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	D	CAHILL, CARL H.	131 PARK LAKE ST. ORLANDO FL	<input checked="" type="checkbox"/>
	STP D	CAHILL, G. SCOTT	131 PARK LAKE ST. ORLANDO FL	<input type="checkbox"/>
	VD	BIERLY, SANDRA T.	126 HAMLIN T LANE ALTAMONTE SPGS. FL	<input checked="" type="checkbox"/>
	D	AUERBACH DAVID	521 SPRING CLUB LANE ALTAMONTE SPRINGS FL	<input type="checkbox"/>
	PD	ROGERS THOMAS	201 MAJESTIC OAK DR ALTAMONTE SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
11				<input type="checkbox"/>
12				<input type="checkbox"/>
13				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>
24				<input type="checkbox"/>
31				<input type="checkbox"/>
32				<input type="checkbox"/>
33				<input type="checkbox"/>
34				<input type="checkbox"/>
41				<input type="checkbox"/>
42				<input type="checkbox"/>
43				<input type="checkbox"/>
44				<input type="checkbox"/>
51				<input type="checkbox"/>
52				<input type="checkbox"/>
53				<input type="checkbox"/>
54				<input type="checkbox"/>
61				<input type="checkbox"/>
62				<input type="checkbox"/>
63				<input type="checkbox"/>
64				<input type="checkbox"/>

200001871652
-06/21/96--01091--019
***61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)