


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38873 (8)			
1. Corporation Name SPRING VALLEY CLUB HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O CARL H. CAHILL 131 PARK LAKE STREET ORLANDO FL 32803		Mailing Address DAVID AVERBACH 521 SPRING CLUB LANE ALTAMONTE SPRINGS FL 32714-5910	
2. Principal Place of Business 21 90 David Auerbach		2a. Mailing Address 26 David Auerbach	
Suite, Apt. #, etc. 22 521 Spring Club Drive		Suite, Apt. #, etc. 27 521 Spring Club Drive	
City & State 23 Altamonte Springs FL		City & State 28 Altamonte Springs FL	
Zip 24 32714-5910		Zip 25 USA	
Country 26 USA		Country 27 USA	
9. Name and Address of Current Registered Agent ROGERS, THOMAS D 201 MAJESTIC OAK DR ALTAMONTE SPRINGS FL 32714-5910		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	CAHILL, G. SCOTT		
STREET ADDRESS	131 PARK LAKE ST		
CITY-ST-ZIP	ORLANDO FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	AUERBACH DAVID		
STREET ADDRESS	521 SPRING CLUB LANE		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	ROGERS THOMAS		
STREET ADDRESS	201 MAJESTIC OAK DR		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FOGERTY, STEVE		
STREET ADDRESS	535 SPRING CLUB DR		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-5910		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	521 Spring Club Drive		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	32714-5910		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	32714-5910		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: DAVID AUERBACH 1/21/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)