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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name N38873

(8)

SPRING VALLEY CLUB HOMEOWNERS' ASSOCIATION, INC.

FILED Feb 17 1997 8:00am Secretary of State



	e of Business	Mailing Address		, TRELINGO DED UND INIDE SOUN SEBRA HIS DIRUN BYDN BYDN DIRUN DARW BYDN BYDN BYDN BYDN BYDN BYDN BYDN BYDN
C/O CARL H. C		DAVID AVERBACH 521 SPRING CLUB LANE		
ORLANDO FL 3		ALTAMONTE SPRINGS FL	32714-5910	3. Date Incorporated or Qualified
	lace of Business	2a. Mailing Address	erhach	4. FEI Number
	AVID Auerbach		erbach	
Suite, Apt. 521	Spring Club Drive	Suite, Apt. #, etc. = 27 521 5print	g Club Driv	5. Certificate of Status Desired
City & State	monte Springs F	City & State		B. Election Campaign Financing \$5.00 May B.
Zip Zip	Country	L 28	Country	Trust Fund Contribution Added to Fees
32714		29	30	8. This corporation has liability for intangible tax under s. 199.00 Florida Statutes
, J = 11 t	9. Name and Address of Currer		1901	10. Name and Address of New Registered Agent
	711		61 Name	
ROGERS	S, THOMAS D		82 Street A	Address (P.O. Box Number is Not Acceptable)
	JESTIC OAK DR		OZ SIFECT	doress (F.O. Box Number is Not Acceptable)
	INTE SPRINGS FL 32714-5910		83	
			0.0	[az 72 Oct.
			84 City	FL es Zip Code
IGNATURE _	Signature typed or printed name of registered ag-	ent and little if applicable. (NOT	TE: Registered Agent signature	required when renetating) DATE
2.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE	(D	☐ DELETE	1.1 TITLE	. Change A
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AME	CAHILL, G. SCOTT		1.2 NAME	•
	131 PARK LAKE ST		1.2 NAME 1.3 STREET ADDRESS	
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4. 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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

1 24 97

Daytime Phone # 0013202