## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

N38873

(8)

C/O DAVID AUERBACH 521 SPRING CLUB DRIVE ALTAMONTE SPRINGS FL 32714 US  2. Principal Place of Business 21 Suite, Apt. #, etc.  Mailing Address  C/O DAVID AUERBACH 521 SPRINGCLUB DRIVE ALTAMONTE SPRINGS FL 32714 US  3. Date Incorporated or Qualified  06/29/1990  4. FEI Number 59-2905592 Not Applied For Not Applicable  5. Certificate of Status Desired Fee Required  \$8.75 Additional Fee Required  \$5.00 May Be	SPRIN(	3 VALLEY CLUB HOMEOW	NERS' ASSOCIATION,	INC.	
Set SPRINGS CLUB DRIVE ATTAINOMTE SPRINGS FL 32714 US  SPRING SPRINGS FL 32714 US  SPRING SPRINGS FL 32714 US  SPRING ALIA US  SPRINGS FL 32714 US  SPRINGS FL 32714 US  SPRINGS	Principal Plac	e of Business	Mailing Address		T TREATIVEL DES CLIEF FEITS LEDDER THAT BIRLY
2. Principal Place of Business   2a, Mailing Address   58-2905592   tot Applicable   27   Suffe, Apr. #, etc.   28   Suffe, Apr. #, etc.   28   Suffe, Apr. #, etc.   28   Suffe, Apr. #, etc.   29   Suffe, Apr. #, etc.   27   Trust Fund Contribution   \$5.00 May Be   75   State   7. Is this nonprofit corporation a homeowners association?   47   45   45   45   45   45   45   45	521 SPRING CL	UB DRIVE	521 SPRINGCLUB DRIVE	32714	06/29/1990
2. Principal Place of Business   2. Maling Address   2. Maling Address   2. Stephanology   2. Stephano	US		US		
Suite, Api #, etc.  27 27 28 27 28 29 20 City & State 29 20 20 20 20 20 20 20 20 20 20 20 20 20	2. Principal P	face of Business	<b>├</b> ─┐		5. Certificate of Status Desired S8.75 Additional
City & State    Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
Zip   Country   Zip	City & State				
Zip Country Zip Country Signature   Section		G	<u> </u>		` — —
ROGERS, THOMAS D 201 MAJESTIC OAK DR ALTAMONTE SPRINGS FL 32714-5910  182 Street Address (P.O. Box Number is Not Acceptable)  183 Street Address (P.O. Box Number is Not Acceptable)  184 City FL 85 Zip Code  185 Zip Code  186 City FL 85 Zip Code  187 Zip Code  187 Zip Code  188 Zip Code  188 Zip Code  188 Zip Code  188 Zip Code  189 Zip Code  180 Zip Code  210 Zip	Zip		Zıp	<b>⊢</b> ′	8. This corporation owes or has paid the current year Intangible
ROGERS, THOMAS D 201 MAJESTIC OAK DR ALTAMONTE SPRINGS FL 32714-5910  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statuties. The above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 617,0508 and accept the obligations of, Section 617,0508 and accept the obligations of, Section 617,0509 and accept the obligations of, Section 617,0508 and accept the obligations of, Section 617,0508 and accept the obligations of, Section 617,0509 for other Comparison of the Code, Proficed Statuties.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  13. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  22. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  23. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  24. OFFICERS AND DIRECTORS IN 12.  25. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  26. TITLE  27. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  28. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  29. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  20. INSERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  20. INSERT ADDRESS TO OFFIC	24			1301	
### ALTAMONTE SPRINGS FL 32714-5910  ### 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 agent. I am familiar with, not accept the obligations of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617 0503, Florida Statutes, the above-named 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, the above-named 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, the above-named 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a sequence with a corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered addition. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the appointment as registered addition. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the appointment as registered addition. In the corporation's board of directors. I hereby accept the appointment as registered agen				81 Name	
201 MAJESTIC OAK DR ALTAMONTE SPRINGS FL 32714-5910  83  84	ROGERS	S, THOMAS D		82 Street A	Address (P.O. Box Number is Not Acceptable)
ALTAMONTE SPRINGS FL 327 IN-39 ID  B4 City FL B5 Zip Code  T1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Stabilitis, the above-named corporation submits the etatement for the purpose of changing its 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, or horized 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, or horized agent and accept the obligations of, Section 617 0503, Florida Statutes  SIGNATURE  T2. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  T12. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  T13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  T14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  T15. Table  CAHILL, G. SCOTT  T15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  T17. ST. ZIP  T18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  T18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  T19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	201 MAJ	ESTIC OAK DR			
The 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 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, 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, 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, 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, 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, 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, or both, in the appointment as registered agent, or both, in the appointment as registered agent, and accept the obligations of Section 57.050, Florida Statutes.  In the sum of the provision and accept the obligation of the provision of the provision of the provision of the provision of the appointment as registered agent, and accept the appointment as	ALTAMO	NTE SPRINGS FL 32714-5910		83	
T. Pusuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes   SIGNATURE				84 City	El 85 Zip Code
NOTE   Registered Apper signature (NOTE Registered Apper signature required when reinstating)   DATE	office or r agent. I a	egistered agent, or both, in the State	of Florida Such change was	authorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
TITLE					
NAME   CAHILL, G. SCOTT   12 NAME   1.3 STREET ADDRESS   131 PARK LAKE ST   1.3 STREET ADDRESS   1.4 CITY - ST - 2IP				· · · · · · · · · · · · · · · · · · ·	
131 PARK LAKE ST	Į.	_		1 !	E Crange E Addition
City-St-ZiP					
NAME   AUERBACH DAVID   22 NAME				<b>1</b> 1	
STREET ADDRESS   S21 SPRING CLUB DRIVE   23 STREET ADDRESS   24 CITY-ST-ZIP	TITLE		☐ DELETE	2.1 TITLE	Change Addition
ALTAMONTE SPRINGS FL 10	NAME			2.2 NAME	
DP					
NAME   ROGERS THOMAS   3.2 NAME   3.3 STREET ADDRESS   201 MAJESTIC OAK DR   3.3 STREET ADDRESS   201 MAJESTIC OAK DR   3.4 CITY-ST-ZIP	****				Change Addition
STREET ADDRESS   201 MAJESTIC OAK DR   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   ALTAMONTE SPRINGS FL   3.4 CITY-ST-ZIP					Size 190
CITY - ST- ZIP         ALTAMONTE SPRINGS FL         3.4 CITY - ST- ZIP           TITLE         D         DELETE         4.1 TITLE         Change         Addition           NAME         FOGERTY, STEVE         4.2 NAME         STREET ADDRESS         535 SPRING CLUB DR         4.3 STREET ADDRESS           CITY - ST - ZIP         ALTAMONTE SPRINGS FL 32714-5910         4.4 CITY - ST - ZIP         Change         Addition           NAME         5.2 NAME         5.2 NAME         Change         Addition           STREET ADDRESS         5.3 STREET ADDRESS         CITY - ST - ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         Addition         Addition					
NAME   FOGERTY, STEVE   4 2 NAME	CITY-ST-2IP			3.4. CITY-ST-ZIP	
STREET ADDRESS   535 SPRING CLUB DR		· <del>-</del>	☐ DELETE		☐ Change ☐ Addition
CITY-ST-ZIP         ALTAMONTE SPRINGS FL 32714-5910         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         53 STREET ADDRESS         CITY-ST-ZIP         54 CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         DELETE         61 TITLE         Change         Addition           NAME         Addition         Addition         Addition	1				
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TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME	STREET ADDRESS			5.3 STREET ADDRESS	
NAME 62 NAME				· •	
			L_1 DELETE		J Change
5.3 STREET AUDITIESS					
CITY-ST-ZIP 6.4 CITY-ST-ZIP					

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 annual report or suppliemental 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 changes, or on an attachment with an address.

SIGNATURE: \_

NG OFFICER OR DIRECTOR

401-788-2488 Dayline Phone # 2010000

FILED

May 15 1998 8:00am

Secretary of State