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Feb 18, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38873

1. Corporation Name
SPRING VALLEY CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business C/O DAVID AUERBACH 521 SPRING CLUB DRIVE ALTAMONTE SPRINGS FL 32714 US	Mailing Address C/O DAVID AUERBACH 521 SPRINGCLUB DRIVE ALTAMONTE SPRINGS FL 32714 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/29/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2905592
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROGERS, THOMAS D 201 MAJESTIC OAK DR ALTAMONTE SPRINGS FL 32714-5910		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CAHILL, G. SCOTT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL, G. SCOTT	1.2 NAME	
STREET ADDRESS	131 PARK LAKE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DV AUERBACH DAVID <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUERBACH DAVID	2.2 NAME	
STREET ADDRESS	521 SPRING CLUB DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 10	2.4 CITY-ST-ZIP	
TITLE	DP ROGERS THOMAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS THOMAS	3.2 NAME	
STREET ADDRESS	201 MAJESTIC OAK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D FOGERTY, STEVE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 1/25/99 (407) 788-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)