## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N38873**

## SPRING VALLEY CLUB HOMEOWNERS' ASSOCIATION, INC.

05-05-2000 90025 005 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O DAVID AUERBACH C/O DAVID AUERBACH 521 SPRING CLUB DRIVE 521 SPRINGCLUB DRIVE ALTAMONTE SPRINGS FL 32714-5910 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2905592 Zip Country-5. Certificate of Status Desired " - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable ROGERS, THOMAS D 201 MAJESTIC OAK DR ALTAMONTE SPRINGS FL 32714-5910 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. PRESIDENT

Fee Required

Applied For

\$8.75 Additional

Not Applicable

**FILED** 

May 05, 2000 8:00 am Secretary of State

Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Delete ☐ Change ★ Addition TITLE TITI F Salerno, Alan CAHILL, G. SCOTT NAME 202 Majestic Oak Drive STREET ADDRESS STREET ADDRESS 131 PARK LAKE ST Altamonte Spas. FL CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL DP ☐ Addition D۷ TITLE TITLE ☐ Delete NAME AUERBACH DAVID NAME STREET ADDRESS STREET ADDRESS 521 SPRING CLUB DRIVE CITY-ST-ZIP CITY-ST-7IP <u>ALTAMONTE SPRINGS FL 10</u> ☐ Change Addition DP Delete TITLE Brinkley, Charlie 537 Spring Club **ROGERS THOMAS** NAME STREET ADDRESS STREET ADDRESS 201 MAJESTIC OAK DR CITY-ST-7IP CITY-ST-ZIP ALTAMONTE SPRINGS FL Altamonte ☐ Change Addition **≥**Delete TITLE FOGERTY, STEVE NAME Littman Adam 203 Majestic Oak Drive 535 SPRING CLUB DR STREET ADDRESS STREET ADDRESS 32714 CITY-ST-ZIP CITY-ST-ZIP Altamonte Springs ALTAMONTE SPRINGS FL 32714-5910 Addition TITLE ☐ Delete NAME Squires, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE TITLE NAME NAME iongemi STREET ADDRESS STREET ADDRESS Springs FL 32714 CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**CR2E037**