

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90822 016 ****61.25

DOCUMENT # N38873

1. Entity Name

SPRING VALLEY CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DAVID AUERBACH
 521 SPRING CLUB DRIVE
 ALTAMONTE SPRINGS FL 32714
 US

C/O DAVID AUERBACH
 521 SPRINGCLUB DRIVE
 ALTAMONTE SPRINGS FL 32714
 US

2. Principal Place of Business

3. Mailing Address

668 N. Orlando Ave

668 N. Orlando Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 105

Ste. 105

City & State

City & State

Maitland, FL

Maitland, FL

Zip

Country

Zip

Country

32751

USA

32751

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUERBACH, DAVID
 521 SPRING CLUB DR.
 ALTAMONTE SPRINGS FL 32714-5910

Name: Morbitzer, Margaret L.
 Street Address (P.O. Box Number is Not Acceptable): 668 N. Orlando Avenue
 Suite 105
 City: Maitland FL Zip Code: 32751

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.

SIGNATURE: *Margaret L. Morbitzer* MARGARET L. MORBITZER 4/11/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SALERNO, ALAN	
STREET ADDRESS	202 MAJESTIC OAK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	AUERBACH DAVID	
STREET ADDRESS	521 SPRING CLUB DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 10	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINKLEY, CHARLIE	
STREET ADDRESS	537 SPRING CLUB DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITTMAN, ADAM	
STREET ADDRESS	203 MAJESTIC OAK DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-5910	
TITLE	D	<input type="checkbox"/> Delete
NAME	SQUIRES, JOHN	
STREET ADDRESS	517 SPRING CLUB DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONGEMI, RON	
STREET ADDRESS	539 SPRING CLUB DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	XPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rouse, Michael	
STREET ADDRESS	521 Spring Valley Club	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Armstrong, Pat	
STREET ADDRESS	513 Spring Valley Club	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shah, mahendra	
STREET ADDRESS	514 Spring Valley Club	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferrara, Tom	
STREET ADDRESS	519 Spring Club Dr	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Alan Salerno* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)