


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-04-2004 90146 025 ****61.25

DOCUMENT # N38873

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



Principal Place of Business Mailing Address
668 N ORLANDO AVE STE 105 **668 N ORLANDO AVE STE 105**
MAITLAND, FL 32751 US **MAITLAND, FL 32751 US**

66427624



2. Principal Place of Business 3. Mailing Address
901 N. Lake Destiny Drive **901 N. Lake Destiny Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 110 **Suite 110**

03032004 Chg-NP CR2E037 (10/03)

City & State City & State
Maitland, FL **Maitland, FL**

Zip Country Zip Country
32751 **USA** **32751** **USA**

4. FEI Number Applied For
59-2905592 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEBB, ROBIN L
668 N ORLANDO AVE STE 105
MAITLAND, FL 32751

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
901 N. Lake Destiny Drive
Suite 110
 City State Zip Code
Maitland **FL** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$81.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SALERNO, ALAN	
STREET ADDRESS	202 MAJESTIC OAK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROUSE, MICHAEL	
STREET ADDRESS	521 SPRING VALLEY CLUB	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	STD	<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	REEVES, WILLIAM	
STREET ADDRESS	519 SPRING CLUB DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	SQUIRES, SUSAN	
STREET ADDRESS	517 SPRING CLUB DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Michael Rouse, President Date: 6/3/04 Daytime Phone #: 4076445775