
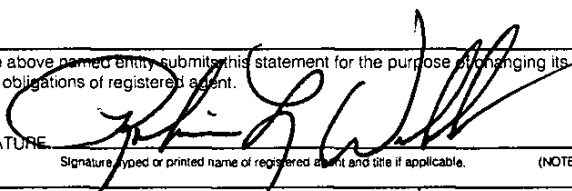
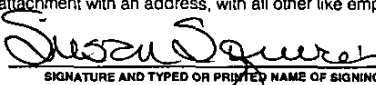


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90218 050 ****61.25

DOCUMENT # N38873					
1. Entity Name SPRING VALLEY CLUB HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 901 N LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751 US			Mailing Address 901 N LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEBB, ROBIN L 901 N LAKE DESTINY DR STE 110 MAITLAND, FL 32751				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 <u>4/25/2005</u>	
Signature typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, MICHAEL			NAME	
STREET ADDRESS	521 SPRING VALLEY CLUB			STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714			CITY-ST-ZIP	
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKLEY, CHARLIE			NAME	
STREET ADDRESS	537 SPRING CLUB DR.			STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL			CITY-ST-ZIP	
TITLE	SEC (SEC)	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, SUSAN			NAME	
STREET ADDRESS	517 SPRING CLUB DR			STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714			CITY-ST-ZIP	
TITLE	(P) LE PACH, DAVE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	538 SPRING CLUB DR			NAME	
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	(T) VOGEL, BOBBIE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	529 SPRING CLUB DR.			NAME	
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
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: 				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	