2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38873

Current Principal Place of Business:

FILED May 07, 2007 Secretary of State

New Principal Place of Business:

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

| | E DESTINY DRIVE | | RNATIONAL PARKWAY | | |
|---------------------------|-----------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------|-----|--|
| STE 110 MAITLAND |), FL 32751 US | SUITE 105 LAKE MAR | n1 RY, FL 32746 US | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | g | | | | |
| 901 N LAKI STE 110 | E DESTINY DRIVE | 1485 INTE SUITE 105 | RNATIONAL PARKWAY | | |
| |), FL 32751 US | | RY, FL 32746 US | | |
| | 59-2905592 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did not | FEI Number Not Appl | | | |
| | Address of Current Registered Agent: | • | Address of New Registered Agent: | | |
| WEBB, RC | DRIN I | CORDON | ANGELIAT | | |
| | E DESTINY DR | | GORDON, ANGELIA L 1485 INTERNATIONAL PARKWAY | | |
| STE 110 | | SUITE 105 | SUITE 1051 | | |
| MAITLAND |), FL 32751 US | LAKE MAR | RY, FL 32746 US | | |
| The above in the State | named entity submits this statement for the pue of Florida. | ırpose of changing i | ts registered office or registered agent, or both, | ı | |
| SIGNATUR | RE: ANGELIA L. GORDON | | 05/07/2007 | | |
| | Electronic Signature of Registered Ager | nt | Date | | |
| OFFICERS AND DIRECTORS: | | ADDITION | IS/CHANGES TO OFFICERS AND DIRECTO | RS: | |
| Title: | VPD () Delete | Title: | PD (X) Change () Addition | | |
| Name: | JABLONSKI, NANCY | Name: | JABLONSKI, NANCY | | |
| Address: | 205 MAJESTIC OAK DR | Address: | 205 MAJESTIC OAK DR | | |
| City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | | |
| Title: | PD () Delete | Title: | D (X) Change () Addition | | |
| Name: | VAGEL, BOBBIE | Name: | DUNN, DAN | | |
| Address: | 529 SPRING CLUB DRIVE | Address: | 539 SPRING CLUB DRIVE | | |
| City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | | |
| Title: | D () Delete | Title: | D (X) Change () Addition | | |
| Name: | SCHACKMAN, MICHAEL | Name: | VALDES, GEON | | |
| Address: | 520 SPRING CLUB DRIVE | Address: | 521 SPRING CLUB DRIVE | | |
| City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | | |
| Title: | () Delete | Title: | TD () Change (X) Addition | | |
| Name: | | Name: | EISELE, JULIE | | |
| Address: | | Address: | 203 MAJESTIC OAK DRIVE | | |
| City-St-Zip: | | City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | | |
| Title: | () Delete | Title: | SD () Change (X) Addition | | |
| Name: | • * | Name: | REIS, RUTH | | |
| Address: | | Address: | 518 SPRING CLUB DRIVE | | |
| City-St-Zip: | | City-St-Zip: | ALTAMONTE SPRINGS, FL 32714 | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELIA L. GORDON, LCAM MISS 05/07/2007