

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38873

FILED  
Jan 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1001 N. LAKE DESTINY ROAD  
SUITE 125  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 N. LAKE DESTINY ROAD  
SUITE 125  
MAITLAND, FL 32751 US

**New Mailing Address:**

**FEI Number:** 59-2905592      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMSTRONG, JANICE . C  
1001 N. LAKE DESTINY ROAD  
SUITE 125  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCLELLAN, STEVE  
Address: 1001 N. LAKE DESTINY ROAD, SUITE 125  
City-St-Zip: MAITLAND, FL 32751

Title: VP  
Name: POWERS, KEVIN  
Address: 1001 N. LAKE DESTINY ROAD, SUITE 125  
City-St-Zip: MAITLAND, FL 32751

Title: S  
Name: REIS-PALATIERE, RUTH  
Address: 1001 N. LAKE DESTINY ROAD, SUITE 125  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: SCHACKMAN, CATHY  
Address: 1001 N. LAKE DESTINY ROAD, SUITE 125  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: ARMSTRONG, PATRICK J  
Address: 1001 N. LAKE DESTINY ROAD, SUITE 125  
City-St-Zip: MAITLAND, FL 32751

Title: T  
Name: CHAUDHRY, SOFIA  
Address: 1001 N. LAKE DESTINY ROAD, SUITE 125  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: STEVE MCLELLAN

P

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date