

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90364 041 \*\*\*\*61.25

**DOCUMENT # N38873**  
1. Entity Name  
**SPRING VALLEY CLUB HOMEOWNERS' ASSOCIATION, INC.**



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

Mailing Address  
**668 N ORLANDO AVE STE 105  
MAITLAND FL 32751  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-2905592** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MORBITZER,  
MARGARET 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)  
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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input 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	STD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, PAT	
STREET ADDRESS	513 SPRING VALLEY CLUB	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input 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	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<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	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		

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: \_\_\_\_\_

CR2E037 (10/02)