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FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000559 (4)

1. Corporation Name

THE ISLAND AT SPRING VALLEY OWNERS ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

9040 SUNSET DRIVE, STE. 15  
MIAMI FL 33173C/O THE CONTINENTAL GROUP  
1067 SHOTGUN RD  
SUNRISE FL 33326-1911  
US3. Date Incorporated or Qualified  
01/25/19943a. Date of Last Report  
03/19/19964. FEI Number  
65-0594584Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD INC  
201 ALAHAMBRA CIR  
SUITE 1102  
CORAL GABLES FL 33134

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HERNANDEZ, SAL III  
STREET ADDRESS 140 NW 66 AVE  
CITY - ST - ZIP PEMBROKE PINES FL 330281.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE ~~VB~~ ☒ DELETE  
NAME ~~BLANCO, CARLOS~~  
STREET ADDRESS ~~600 NW 166 AVE~~  
CITY - ST - ZIP ~~PEMBROKE PINES FL 33028~~2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D  
2.3 STREET ADDRESS Julio Gonzalez  
16600 NW 1st  
2.4 CITY - ST - ZIP Pembroke Pines FL 33028TITLE ~~GD~~ ☒ DELETE  
NAME ~~BONAVENTURA, TOM~~  
STREET ADDRESS ~~785 NW 166 AVE~~  
CITY - ST - ZIP ~~PEMBROKE PINES FL 33028~~3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE ~~SD~~ ☐ DELETE  
NAME CALHOUN, FRANCIS  
STREET ADDRESS 16549 NW 4 ST  
CITY - ST - ZIP PEMBROKE PINES FL 330284.1 TITLE ☒ Change ☐ Addition  
4.2 NAME D  
4.3 STREET ADDRESS CALHOUN, FRANCIS  
16549 NW 4th ST  
4.4 CITY - ST - ZIP Pembroke Pines FL 33028TITLE ~~GD~~ ☐ DELETE  
NAME GOODE, CARAN  
STREET ADDRESS 16620 NW 1 ST  
CITY - ST - ZIP PEMBROKE PINES FL 330285.1 TITLE ☒ Change ☐ Addition  
5.2 NAME GOODE CARAN  
5.3 STREET ADDRESS 16620 NW 1st  
5.4 CITY - ST - ZIP Pembroke Pines FL 33028TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-000-0000

CR2E037 (9/96)