

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA 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

**8040 SUNSET DRIVE, STE. 15
MIAMI FL 33173**

**C/O THE CONTINENTAL GROUP
1067 SHOTGUN RD
SUNRISE FL 33326
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

65-0594584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**SKRLD INC
201 ALAHAMBRA CIR
SUITE 1102
CORAL GABLES FL 33134**

81 Name

Harvey Glaser, The Continental Group

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

1067 Shotgun Road

83

84 City

Sunrise

FL

85 Zip Code

33326

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's signature required when replacing)

DATE

2/6/98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**PD
HERNANDEZ, SAL III
140 NW 66 AVE
PEMBROKE PINES FL 33028**

TITLE

**D
GONZALEZ, JULIO
16600 N.W. 1ST STREET
PEMBROKE PINES FL**

TITLE

**D
CALHOUN, FRANCIS
16549 N.W. 4TH STREET
PEMBROKE PINES FL**

TITLE

**ST
GOODE, CARAN
16620 N.W. 1ST STREET
PEMBROKE PINES FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Carlos Lizano

☐ Change ☒ Addition

1.2 NAME

16549 NW 4 Street

1.3 STREET ADDRESS

Pembroke Pines, FL

1.4 CITY-ST-ZIP

Director

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

SAL HERNANDEZ III

1/20/98

954 209 7897

CR2E037 (10/97)