2000 UNIFORM SINESS REPORT (UBR)

DOCUMENT # N94()00000559 1. Entity Name

THE ISLAND AT SPRING VALLEY OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

9040 SUNSET DRIVE. STE. 15 MIAMIFE 33173

Suite, Apt. #, etc.

C/O THE CONTINENTAL GROUP 1087 SHOTGUN RD

SUNRISE FL 33326-1906

2.	Principal	Place of	Business	i
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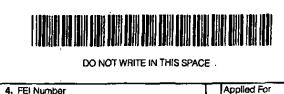
1067 SHOTGUN ROAD-SUITE 1102: --

3. Mailing Address

Suite, Apt. #, etc. City & State City & State



05-03-2000 90043 021 ****61.25



	1			<u>65-0594584</u>		Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required
A N.		3-1-44 33		T Marson and Address of Nove De	-1-1	

Name and Address of Current Registered Agent HARVEY GLASE, THE CONTINENTA

STUART J. MAC IVER; ESO Street Andress (P.O. Box Number is Not Americable)
1177. SOUTHEAST THIRD AVENUE

SUNRISE FL 33326 FORT LAUDERDALE 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.

STUART J. MAC IVER SIGNATURE

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

(NOTE: F

City

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

1					_		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, SAL III 140 NW 66 AVE PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	a for	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JULIO 16800 N.W. 1ST STREET PEMBROKE PINES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE	ST	☐ Delete	TITLE		☐ Change	☐ Addition }	
NAME STREET ADDRESS CITY-ST-ZIP	GOODE, CARAN 16620 N.W. 1ST STREET PEMBROKE PINES FL		STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition* (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to receive this export 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 integrities empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF GNING OFFICER OF DIRECTOR