


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90020 033 \*\*\*\*61.25

| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
|--|--|--|---|
| <b>DOCUMENT #</b> <u>94000005113</u><br><b>1. Corporation Name</b> <u>65-0567346</u><br><u>SPRING VALLEY -PHASE II HOA, INC.</u>   |  |  |   |
| <b>Principal Place of Business</b><br><u>SPRING VALLEY PHASE II HOA, INC</u><br><u>C/O: HARVEY GLASER</u><br><u>CONTINENTAL GROUP</u><br><u>2950 N 28th Terrace</u><br><u>HOLLYWOOD, FL. 33020</u>   |  | <b>Mailing Address</b>   |   |
| <b>21</b>  | <b>2. Principal Place of Business</b>            | <b>26</b>  | <b>2a. Mailing Address</b>  |
| <b>22</b>  | Suite, Apt. #, etc.                              | <b>27</b>  | Suite, Apt. #, etc.   |
| <b>23</b>  | City & State                                     | <b>28</b>  | City & State  |
| <b>24</b>  | Zip Country                                      | <b>29</b>  | Zip Country   |
| <b>25</b>  |  | <b>30</b>  |   |
| <b>3. Date Incorporated or Qualified</b>   |  | <b>4. FEI Number</b> <u>65-0567346</u><br><b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b>   |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>9. Name and Address of Current Registered Agent</b>   |  | <b>10. Name and Address of New Registered Agent</b>  |   |
| <u>CONTINENTAL GROUP</u><br><u>ATTN: Harvey Glaser</u><br><u>2950 N. 28th Terrace</u><br><u>HOLLYWOOD, FL. 33020</u>   |  | <b>81</b>  | <b>Name</b>   |
|  |  | <b>82</b>  | <b>Street Address (P.O. Box Number is Not Acceptable)</b>         |
|  |  | <b>83</b>  |   |
|  |  | <b>84</b>  | <b>City</b>   |
|  |  | <b>FL</b>  | <b>85</b> <b>Zip Code</b>   |
| <b>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.</b> |  |  |   |
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |  |   |
| <b>12. OFFICERS AND DIRECTORS</b>  |  | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>   |   |
| <b>TITLE</b>   | <u>President</u> <input type="checkbox"/> DELETE | <b>1.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>  | <u>Jerry Escoto</u>                              | <b>1.2 NAME</b>  |   |
| <b>STREET ADDRESS</b>  | <u>1420 NW 161 Ave</u>                           | <b>1.3 STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>   | <u>Pembroke Pines, Fl. 33028</u>                 | <b>1.4 CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>   | <u>Treasurer</u> <input type="checkbox"/> DELETE | <b>2.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>  | <u>Dan Trottman</u>                              | <b>2.2 NAME</b>  |   |
| <b>STREET ADDRESS</b>  | <u>16251 NW 14 St.</u>                           | <b>2.3 STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>   | <u>Pembroke Pines, Fl. 33028</u>                 | <b>2.4 CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>   | <u>Director</u> <input type="checkbox"/> DELETE  | <b>3.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>  | <u>Leslie Vogel</u>                              | <b>3.2 NAME</b>  |   |
| <b>STREET ADDRESS</b>  | <u>16226 NW 12 St.</u>                           | <b>3.3 STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>   | <u>Pembroke Pines, Fl. 33028</u>                 | <b>3.4 CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>   | <u>Director</u> <input type="checkbox"/> DELETE  | <b>4.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>  | <u>Lysle Cain</u>                                | <b>4.2 NAME</b>  |   |
| <b>STREET ADDRESS</b>  | <u>1440 NW 161 Ave.</u>                          | <b>4.3 STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>   | <u>Pembroke Pines, Fl. 33028</u>                 | <b>4.4 CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>   | <u>Director</u> <input type="checkbox"/> DELETE  | <b>5.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>  | <u>Jim Clark</u>                                 | <b>5.2 NAME</b>  |   |
| <b>STREET ADDRESS</b>  | <u>16161 NW 14 St</u>                            | <b>5.3 STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>   | <u>Pembroke Pines, Fl. 33028</u>                 | <b>5.4 CITY-ST-ZIP</b>   |   |
| <b>TITLE</b>   | <u>Director</u> <input type="checkbox"/> DELETE  | <b>6.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>  | <u>Julio Suarez</u>                              | <b>6.2 NAME</b>  |   |
| <b>STREET ADDRESS</b>  | <u>1430 NW 161 Avenue</u>                        | <b>6.3 STREET ADDRESS</b>  |   |
| <b>CITY-ST-ZIP</b>   | <u>Pembroke Pines, Fl. 33028</u>                 | <b>6.4 CITY-ST-ZIP</b>   |   |

**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, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #