

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90002 050 ****61.25

DOCUMENT # N95000001209

1. Entity Name

PARKSIDE AT SPRING VALLEY HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR.
 CORAL SPRINGS FL 33065

951 BROKEN SOUND PKWY
 SUITE 250
 BOCA-RATON FL 33487-3506
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0479517

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C A S
 951 BROKEN SOUND PKWY
 SUITE 250
 BOCA RATON FL 33487

Name

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

Kaye & Roger, P.A.

6261 Northwest Gateway Ste 103

City

Ft. Lauderdale, FL

FL

Zip Code

33309

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Kaye & Roger, President

3-10-2000

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	ANDREACCI, DANIEL	3500 GATEWAY DR #202	POMPANO BCH FL	<input checked="" type="checkbox"/>
VPD	EISNER, NEIL	3500 GATEWAY DR, #202	POMPANO BCH FL	<input checked="" type="checkbox"/>
SD	DIFIIORE, CORA	3500 GATEWAY DR #202	POMPANO BCH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Dawn Prentice	16588 NW 17E ST	Pembroke Pines, FL 33028	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Willie Clark	2103 NW 162 Terrace	Pembroke Pines, FL 33028	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Mike McCombs	16265 NW 24 ST.	Pembroke Pines, FL 33028	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Lisa Rodriguez	16508 NW 17 ST.	Pembroke Pines, FL 33028	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **SIGNATURE REQUIRED**

3-2-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)