

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91003 020 \*\*\*\*61.25

**DOCUMENT # N97000004892**

1. Entity Name  
**SPRING VALLEY PHASE III HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**CONTINENTAL GROUP  
2950 NORTH 28TH TERRACE  
HOLLYWOOD, FL 33020**

Mailing Address  
**CONTINENTAL GROUP  
2950 NORTH 28TH TERRACE  
HOLLYWOOD, FL 33020**

**14019231**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0783184**

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

**BAKALAR BROUGH & CHADROW, PA  
150 S PINE ISLAND RD STE 540  
WESTSIDE CORPORATE CENTER  
FORT LAUDERDALE, FL 33324**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FALCON, RICHARD  
STREET ADDRESS 16315 NW 12TH STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME ARNETT, MICHAEL  
STREET ADDRESS 16461 NW 12TH STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME HAYES, GALEN  
STREET ADDRESS 16447 NW 12TH STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME GREEN, STEVE  
STREET ADDRESS 16474 NW 12TH STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE (D) ☐ Change ☒ Addition  
NAME Bassam "Sam" Fadel  
STREET ADDRESS 1370 NW 146th Ave  
CITY-ST-ZIP Pembroke Pines FL 33028

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE (P) ☐ Change ☒ Addition  
NAME Rodriguez Javier  
STREET ADDRESS 16381 NW 13th St  
CITY-ST-ZIP Pembroke Pines FL 33028

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: *Richard Falcon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

925-8200

Daytime Phone #