

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90081 050 ****61.25

DOCUMENT # N97000004892

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



Principal Place of Business
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Mailing Address
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

40009474



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

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 & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, 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, 2007

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 P
NAME GOMEZ, FRED
STREET ADDRESS 1145 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☐ Delete

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

TITLE VP
NAME VEGA, MANNY
STREET ADDRESS 1145 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Delete

TITLE YP
NAME John Jones
STREET ADDRESS 1145 Sawgrass Corporate Pkwy
CITY-ST-ZIP Sunrise, FL 33323 ☒ Change ☐ Addition

TITLE T
NAME GHAHREMANZADEH, MAHMOUD
STREET ADDRESS 1145 SAWGRASS CORPORATES PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☐ Delete

TITLE SD
NAME Manny VEGA
STREET ADDRESS 1145 Sawgrass Corporate Pkwy
CITY-ST-ZIP Sunrise, FL 33323 ☒ Change ☐ Addition

TITLE D
NAME JONES, JOHN
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Delete

TITLE D
NAME Ceelele Caulfield
STREET ADDRESS 1145 Sawgrass Corporate Pkwy.
CITY-ST-ZIP Sunrise, FL 33323 ☐ Change ☒ Addition

TITLE D
NAME FADEL, SAM
STREET ADDRESS 1145 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323 ☒ Delete

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

TITLE P
NAME JAVIER, RODRIGUEZ
STREET ADDRESS 16381 NW 13TH ST
CITY-ST-ZIP PEMBROKE PINES, FL 33028 ☒ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/07