

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004892

FILED  
Jan 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 65-0783184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOMEZ, FRED  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: VP ( ) Delete  
Name: JONES, JOHN  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: SD ( ) Delete  
Name: VEGA, MANNY  
Address: 1145 SAWGRASS CORPORATES PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete  
Name: CAULFIELD, CECIELLE  
Address: 1145 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JONES, JOHN  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: VP (X) Change ( ) Addition  
Name: CAULFIELD, CECILLE  
Address: 1145 SAWGRASS CORP PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: GHAREMANZADEHM, MICHAEL  
Address: 1145 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JONES

PD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date