


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # N99000001836**

1. Entity Name  
**WATERSIDE AT SPRING VALLEY HOMEOWNERS' ASSOCIATION, INC.**



FILED  
 04 JUL 20 AM 9:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
~~2950 N. 28TH TERRACE~~  
**HOLLYWOOD, FL 33020**  
~~C/O MIAMI MANAGEMENT, INC~~

Mailing Address  
 2950 N. 28TH TERRACE  
**HOLLYWOOD, FL 33020**  
~~C/O MIAMI MANAGEMENT, INC~~



2. Principal Place of Business  
**C/O MIAMI MANAGEMENT, INC**

3. Mailing Address  
**C/O MIAMI MANAGEMENT, INC.**

Suite, Apt. #, etc.  
**1145 SAWGRASS CORPORATE PARKWAY**

City & State  
**SUNRISE FLORIDA**

Zip  
**33323**

Country  
**USA**

07092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0915464**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAKALAR, BROUGH & CHADROW, P.A.**  
**150 S. PINE ISLAND ROAD**  
**SUITE 540**  
**PLANTATION, FL 33324-2669**

7. Name and Address of New Registered Agent

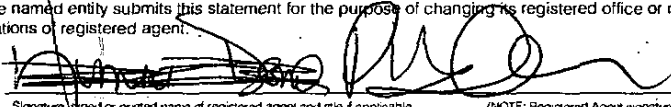
Name **RICHARD W. GLENN**

Street Address (P.O. Box Number is Not Acceptable)  
**FOUR HARVARD CIRCLE**

**SUITE 600**

City **WEST PALM BEACH** FL Zip Code **33409**

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:  DATE: **7/13/04**

Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25


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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, YVONNE 16484 N.W. 15 STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GROUT, MARIA 16581 N.W. 15 STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAME, JUDY 16316 N.W. 15 STREET PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAHAM, DEBORAH 16392 NW 14 ST PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASER, CARL 16321 NW 14 STREET PEMBROKE PINES, FLORIDA 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAME JUDY 16316 NW 15 street PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800039692298 07/29/04--01039--014 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the like empowered.

SIGNATURE:  DATE: **7/13/2004** DAYTIME PHONE #: **954-846-7545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR