

FILE NOW: FILING FEE IS \$61.25

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000284 (9)

1. Corporation Name

SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

16336 N.W. 11TH ST
PEMBROKE PINES FL 33028
US

16336 N.W. 11TH ST
PEMBROKE PINES FL 33028
US

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	65-0467070		Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip		<input type="checkbox"/>	
25	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, ARTHUR H
16353 N.W. 11TH ST
SUITE 505, AVENTURA CORPORATE CENTER
PEMBROKE PINES FL 33028

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, HARRIS L	1.2 NAME	
STREET ADDRESS	16336 N.W. 11TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	33028
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTODERO, JERRY	2.2 NAME	
STREET ADDRESS	16393 N.W. 11TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	33028
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ARTHUR H	3.2 NAME	
STREET ADDRESS	16353 N.W. 11TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	33028
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	FARRIS JAMMEL
STREET ADDRESS		4.3 STREET ADDRESS	16159 NW 8TH DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	KEVIN TYNNAN
STREET ADDRESS		5.3 STREET ADDRESS	16143 NW 8TH DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ALBERT MAMMARELLI
STREET ADDRESS		6.3 STREET ADDRESS	635 NW 164 AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur H. Levy* ARTHUR H. LEVY TREASURER Date: Mar 30, 1996 954-432-3661 Daytime Phone #

CR2E037 (12/96)

282

D

ADDITION

BARBARA PARLAVECCHIO

581 NW 162 AVE

PEMBROKE PINES, FL 33028