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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

1 of 2

DOCUMENT # N94000000284 (9)

1. Corporation Name

SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME KLEIN, HARRIS L  
STREET ADDRESS 16336 N.W. 11TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VD  
NAME CRISTODERO, JERRY  
STREET ADDRESS 16393 N.W. 11TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE STD  
NAME LEVY, ARTHUR H  
STREET ADDRESS 16353 N.W. 11TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33028

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 33028

3.1 TITLE TD  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 33028

4.1 TITLE SD  
4.2 NAME FARRIS JAMMEL  
4.3 STREET ADDRESS 16159 NW 8TH DRIVE  
4.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

5.1 TITLE D  
5.2 NAME KEVIN TYNNAN  
5.3 STREET ADDRESS 16143 NW 8TH DR  
5.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

6.1 TITLE D  
6.2 NAME ALBERT MAMMARELLI  
6.3 STREET ADDRESS 635 NW 164 AVE  
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 TREASURER

Mar 30, 1996 954-432-3661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

282

D

ADDITION

BARBARA PARLAVECCHIO

581 NW 162 AVE

PEMBROKE PINES, FL 33028