

FILE NOW: FILING FEE IS \$61.25

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**May 07 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33028-1118 US

3. Date Incorporated or Qualified 01/19/1994	3a. Date of Last Report 04/17/1996
4. FEI Number 65-0467070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input 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	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISTODERO, JERRY	2.2 NAME	<i>ROSEMARY PARLAVO COVINO</i>
STREET ADDRESS	16393 N.W. 11TH ST	2.3 STREET ADDRESS	<i>581 N. W. 112th Ave</i>
CITY - ST - ZIP	PEMBROKE PINES FL	2.4 CITY - ST - ZIP	<i>PEMBROKE PINES FL 33028</i>
TITLE	TD	3.1 TITLE	<input 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	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMMEL, FARRIS	4.2 NAME	
STREET ADDRESS	15159 NW 8TH DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNAN, KEVIN	5.2 NAME	<i>VICE - PRESIDENT</i>
STREET ADDRESS	16143 NW 8TH DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAMMARELLI, ALBERT	6.2 NAME	<i>EDWARD CREEL</i>
STREET ADDRESS	635 NW 164 AVE	6.3 STREET ADDRESS	<i>16341 N. W. 5th St</i>
CITY - ST - ZIP	PEMBROKE PINES FL	6.4 CITY - ST - ZIP	<i>PEMBROKE PINES FL 33028</i>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** 4-20-97 954-432-3668
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026392

CR2E037 (9/96)