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FILED

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

DOCUMENT # N94000000284 (9)

1. Corporation Name

SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, IN  
C.

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number

65-0467070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

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 ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
JAMMEL, FARRIS  
STREET ADDRESS  
15159 NW 8TH DRIVE  
CITY - ST - ZIP  
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME  
TYNAN, KEVIN  
STREET ADDRESS  
16143 NW 8TH DR  
CITY - ST - ZIP  
PEMBROKE PINES FL

TITLE ☒ DELETE

NAME  
MAMMARELLI, ALBERT  
STREET ADDRESS  
635 NW 164 AVE  
CITY - ST - ZIP  
PEMBROKE PINES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do 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 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

4-20-97 954-432-3661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026302

CR2E037 (9/96)