


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, IN C.



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
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3. Date Incorporated or Qualified 01/19/1994		
4. FEI Number 65-0467070	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 FL
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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	<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 TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVY, ARTHUR H		2.2 NAME	
STREET ADDRESS 16353 N.W. 11TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		2.4 CITY-ST-ZIP 33028	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMMEL, FARRIS		3.2 NAME	
STREET ADDRESS 15159 NW 8TH DRIVE		3.3 STREET ADDRESS 16159 NW 8TH DRIVE	
CITY-ST-ZIP PEMBROKE PINES FL		3.4 CITY-ST-ZIP 33028	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TYNAN, KEVIN		4.2 NAME	
STREET ADDRESS 16143 NW 8TH DR		4.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		4.4 CITY-ST-ZIP 33028	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CREEL, EDWARD		5.2 NAME CREEL	
STREET ADDRESS 16341 NW 5TH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		5.4 CITY-ST-ZIP 33028	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* DATE: *05/12/1998* TELEPHONE: *954-429-3111*

CR2E037 (10/97)