

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90084 044 ****61.25

DOCUMENT # N94000000284

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

01/19/1994

4. FEI Number

65-0467070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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 **RON ASHES**
82 Street Address (P.O. Box Number is Not Acceptable)
WEST CORP. CENTRE
83 **2700 S. COMMENCE PKW. SUITE 305**
84 City **WESTON** FL 85 Zip Code **33331**

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 **2/22/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **KLEIN, HARRIS L**
STREET ADDRESS **16336 N W 11TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **TD** ☒ DELETE

NAME **LEVY, ARTHUR H**
STREET ADDRESS **16353 N.W. 11TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **SD** ☐ DELETE

NAME **JAMMEL, FARRIS**
STREET ADDRESS **16159 NW 8TH DRIVE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VP** ☐ DELETE

NAME **TYNAN, KEVIN**
STREET ADDRESS **16143 NW 8TH DR**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ DELETE

NAME **CREEL, EDWARD**
STREET ADDRESS **16341 NW 5TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP
KEAT CROSS
660 NW 461 AVE
PEMBROKE PINES FL 33028

TD

D
MARILYN HENRIZO
564 NW 163 AVE
PEMBROKE PINES FL 33028

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)

0024445