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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2a. Mailing Address

3. Date Incorporated or Qualified

01/19/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0467070

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

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. COMMERCIAL 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]

DATE **2/22/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE **VP** Change Addition
 2.2 NAME **KEAT CROSS**
 2.3 STREET ADDRESS **660 NW 161 AVE**
 2.4 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**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

4.1 TITLE **TD** Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME **MARILYN HERRAZO**
 6.3 STREET ADDRESS **564 NW 163 AVE**
 6.4 CITY-ST-ZIP **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]

DATE **2/22/99** (CA) **438-7626**
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)