

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000284

1. Entity Name

SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

16336 N.W. 11TH ST
PEMBROKE PINES FL 33028
US

Mailing Address

16336 N.W. 11TH ST
PEMBROKE PINES FL 33028-1118
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0467070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASNES, RON
WEST CORP CENTRE
2700 S COMMERCE PKW STE 35
WESTON FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition
NAME Odom, Larry
STREET ADDRESS 16300 N.W. 1st Street
CITY-ST-ZIP Pembroke Pines, FL. 33028

TITLE TD ☐ Delete
NAME KEAT, CROSS
STREET ADDRESS 660 NW 261 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME JAMMEL, FARRIS
STREET ADDRESS 16159 NW 8TH DRIVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME TYNAN, KEVIN
STREET ADDRESS 16143 NW 8TH DR
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

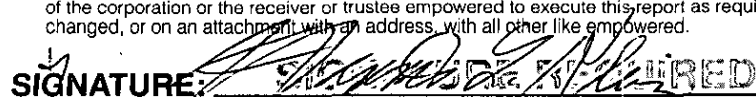
TITLE D ☐ Delete
NAME CREEL, EDWARD
STREET ADDRESS 16341 NW 5TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HERAZO, MARILYN
STREET ADDRESS 564 NW 163 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90011 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)