

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

06-14-2001 90007 040 \*\*\*\*61.25

**DOCUMENT # N94000000284**

1. Entity Name

**SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, IN**

*LA*

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

**A0072911**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0467070**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 PRK STE 35  
 WESTON, FL 33331

*400 SW Boca Raton Blvd  
 #202  
 Boca Raton FL 33432*

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  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **Becky Keldon**  
 STREET ADDRESS **16114 NW 9th DR**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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]*  
**SIGNATURE REQUIRED**

*6/14/01 9AM 438 7626*