


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N9400000284**

1. Entity Name  
 SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business      Mailing Address

16159 NW 8TH DRIVE      16159 NW 8TH DRIVE  
 PEMBROKE PINES, FL 33028 US      PEMBROKE PINES, FL 33028 US

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 65-0467070      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYWAN, KEVIN  
 8142 N. UNIVERSITY DRIVE  
 TAMARAC, FL 33321

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

Filing Fee is \$61.25 Due by May 1, 2004      9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEHNAM, JOE
STREET ADDRESS	1060 NW 161 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	TD
NAME	KEAT, CROSS
STREET ADDRESS	660 NW 261 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	SD
NAME	JAMMEL, FARRIS
STREET ADDRESS	16159 NW 8TH DRIVE
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	PD
NAME	TYNAN, KEVIN
STREET ADDRESS	16143 NW 8TH DR
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	CREEL, EDWARD
STREET ADDRESS	16341 NW 5TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	HENRY, BOB
STREET ADDRESS	382 NW 162 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028

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000000012584  
 01/26/04-80016-004 61.25

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: \_\_\_\_\_      Date: 1/15/04      Daytime Phone #: 957217300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR