

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000001836

1. Entity Name
WATERSIDE AT SPRING VALLEY HOMEOWNERS'
ASSOCIATION, INC.



FILED

04 JUL 20 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2950 N. 28TH TERRACE
HOLLYWOOD, FL 33020
C/O MIAMI MANAGEMENT, INC.

Mailing Address
2950 N. 28TH TERRACE
HOLLYWOOD, FL 33020
C/O MIAMI MANAGEMENT, INC.



2. Principal Place of Business
C/O MIAMI MANAGEMENT, INC.
Suite, Apt. #, etc.
1145 SAWGRASS CORPORATE PARKWAY
City & State
SUNRISE FLORIDA
Zip
33323
Country
USA

3. Mailing Address
C/O MIAMI MANAGEMENT, INC.
Suite, Apt. #, etc.
1145 SAWGRASS CORPORATE PARKWAY
City & State
SUNRISE FLORIDA
Zip
33323
Country
USA

07092004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0915464
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKALAR, BROUGH & CHADROW, P.A.
150 S. PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324-2689

7. Name and Address of New Registered Agent

Name
RICHARD W. GLENN
Street Address (P.O. Box Number is Not Acceptable)
FOUR HARVARD CIRCLE
SUITE 600
City
WEST PALM BEACH FL Zip Code
33409

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 7/13/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, YVONNE 16484 N.W. 15 STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GROUT, MARIA 16581 N.W. 15 STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAME, JUDY 16316 N.W. 15 STREET PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAHAM, DEBORAH 16392 NW 14 ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASER, CARL 16321 NW 14 STREET PEMBROKE PINES, FLORIDA 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAME JUDY 16316 NW 15 street PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 7/13/2004 DAYTIME PHONE # 954-846-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR