


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90065 019 ****61.25

DOCUMENT # N94000000284
 1. Entity Name
 SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 16159 NW 8TH DRIVE
 PEMBROKE PINES, FL 33028 US

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

50003082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

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

5. Name and Address of Current Registered Agent
 EDWARD F. HOLODAK, P.A.
 2500 HOLLYWOOD BLVD., STE 212
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

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

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

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Medina, Andrew	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16314 NW 9th Drive	
CITY - ST - ZIP	Pembroke Pines, FL 33028	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a address, with all other like empowered.

SIGNATURE: Farris Jammel 01-12-2005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #