

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 003 ****61.25

DOCUMENT # N99000001836

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



Principal Place of Business
C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Mailing Address
C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

GLENN, RICHARD W
FOUR HARVARD CIRCLE
SUITE 600
WEST PALM BEACH, FL 33409

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Makes check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☐ Delete
NAME **DANIELS, YVONNE**
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**

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

TITLE **STD** ☒ Delete
NAME **GROUT, MARIA**
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **SD** ☒ Change ☐ Addition
NAME **Graham, Deborah**
STREET ADDRESS **1145 Sawgrass Corp Pkwy**
CITY-ST-ZIP **Sunrise FL 33323**

TITLE **VP** ☐ Delete
NAME **FRAME, JUDY**
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**

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

TITLE **T** ☒ Delete
NAME **GRAHAM, DEBORAH**
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **TD** ☒ Change ☒ Addition
NAME **MALOOD, AL**
STREET ADDRESS **1145 SAWGRASS CORP Pkwy**
CITY-ST-ZIP **Sunrise FL 33323**

TITLE **D** ☐ Delete
NAME **BLASER, CARL**
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #