

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90066 003 ****61.25

DOCUMENT # N99000001836	
1. Entity Name WATERSIDE AT SPRING VALLEY HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	Mailing Address 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092007 Chg-NP CR2E037 (12/06)

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 & EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, YVONNE 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAHAM, DEBORAH 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 ☐ Delete	TITLE VP NAME AL MALOOF STREET ADDRESS 1145 Sawgrass Corporate Pkwy. CITY-ST-ZIP Sunrise, FL 33323 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAME, JUDY 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 ☒ Delete	TITLE TD NAME MICHAEL Jawema STREET ADDRESS 1145 Sawgrass Corporate Pkwy. CITY-ST-ZIP Sunrise, FL 33323 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALOOF, AL 1145 SAWHGRASS CORP PKWY SUNRISE, FL 33323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASER, CARL 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEBORAH GRAHAM Sec.	Date 1/17/07	Daytime Phone # _____
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