

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90026 020 \*\*\*\*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**

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

01032008 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

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, 2008**

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	<input type="checkbox"/> Delete
PD	DANIELS, YVONNE	1145 SAWGRASS CORPORATE PARKWAY	SUNRISE, FL 33323	<input type="checkbox"/>
SD	MALOOF, AL	1145 SAWGRASS CORP PKWY	SUNRISE, FL 33323	<input checked="" type="checkbox"/>
TD	JAREMA, MICHAEL	1145 SAWGRASS CORPORATE PARKWAY	SUNRISE, FL 33323	<input type="checkbox"/>
D	BLASER, CARL	1145 SAWGRASS CORPORATE PARKWAY	SUNRISE, FL 33323	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
SD	Deborah Strahm	1145 Sawgrass Corp Parkway	Sunrise, FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	MALOOF, AL	1145 Sawgrass Corp Parkway	Sunrise, FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc

Printing Name &