

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000284

FILED
Apr 25, 2008
Secretary of State

Entity Name: SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16159 NW 8TH DRIVE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

16159 NW 8TH DRIVE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 65-0467070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARD F. HOLODAK, P.A.
2500 HOLLYWOOD BLVD., STE 212
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEHNAM, JOE
Address: 1060 NW 161 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD () Delete
Name: KEAT, CROSS
Address: 660 NW 261 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: JAMMEL, FARRIS
Address: 16159 NW 8TH DRIVE
City-St-Zip: PEMBROKE PINES, FL

Title: P () Delete
Name: MEDINA, ANDREW
Address: 16314 NW 9TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: CREEL, EDWARD
Address: 16341 NW 5TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: BUENO, TERESA
Address: 585 NW 164 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW MEDINA

P

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date