

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20067

Entity Name: SUN VALLEY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O CAMS PROPERTY MANAGEMENT
1037 STATE ROAD 7 STE 302
WELLINGTON, FL 33414**Current Mailing Address:**C/O CAMS PROPERTY MANAGEMENT
1037 STATE ROAD 7 STE 302
WELLINGTON, FL 33414 US**FEI Number:** 59-2813606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM, P.L.
C/O MICHAEL S. BENDER, ESQ.
1200 PARK CENTRAL BLVD SOUTH
POMPANO BEACH, FL 33064 US*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:** MICHAEL S. BENDER, ESQ.

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name NARDOTTI, ANTHONY
Address 9673 MAJESTIC WAY
City-State-Zip: BOYNTON BEACH FL 33437

Title VP
Name MEYRICK, RICHARD
Address C/O CAMS PROPERTY MANAGEMENT
 1037 STATE ROAD 7 STE 302
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT
Name HUFSCHEMID, PATRICIA
Address C/O CAMS PROPERTY MANAGEMENT
 1037 STATE ROAD 7 STE 302
City-State-Zip: WELLINGTON FL 33414

Title SECRETARY
Name ADAMS, MARSHA
Address C/O CAMS PROPERTY MANAGEMENT
 1037 STATE ROAD 7 STE 302
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name CLAYTON, BONNIE
Address C/O CAMS PROPERTY MANAGEMENT
 1037 STATE ROAD 7 STE 302
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name PIAZZA, VINCENT
Address C/O CAMS PROPERTY MANAGEMENT
 1037 STATE ROAD 7 STE 302
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name VESCOVI, ROBYN
Address C/O CAMS PROPERTY MANAGEMENT
 1037 STATE ROAD 7 STE 302
City-State-Zip: WELLINGTON FL 33414

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA HUFSCHEMID

PRESIDENT

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date