

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005447

Entity Name: SPRING VALLEY PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Jan 25, 2013
Secretary of State
CC5291231388**Current Principal Place of Business:**C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323**Current Mailing Address:**C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323 US**FEI Number:** 65-0467076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLENN, RICHARD W
2000 PGA BOULEVARD
SUITE 3200
PALM BEACH GARDENS, FL 33408 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MEDINA, ANDREW
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	MALLOF, AL
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	SD
Name	PRENTICE, DAWN
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	D
Name	DANIELS, YVONNE
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	BRUMAGE, BRIAN
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY
City-State-Zip:	SUNRISE FL 33323

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: ANDREW MEDINA

PD

01/25/2013

Electronic Signature of Signing Officer/Director Detail_____
Date