

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000284

Entity Name: SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 25, 2014
Secretary of State
CC2679861533**Current Principal Place of Business:**4801 S. UNIVERSITY DRIVE
SUITE 2080
DAVIE, FL 33328**Current Mailing Address:**4801 S. UNIVERSITY DRIVE
SUITE 2080
DAVIE, FL 33328 US**FEI Number: 65-0467070****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EDWARD F. HOLODAK, PA
2500 HOLLYWOOD BLVD.
STE 212
HOLLYWOOD, FL 33020 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	D
Name	BEHNAM, JOE
Address	1060 NW 161 AVE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	VPD
Name	KEAT, CROSS
Address	660 NW 261 AVE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	TD
Name	JAMMEL, FARRIS
Address	16159 NW 8TH DRIVE
City-State-Zip:	PEMBROKE PINES FL

Title	PD
Name	MEDINA, ANDREW
Address	16314 NW 9TH DRIVE
City-State-Zip:	PEMBROKE PINES FL 33028

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

Title	SD
Name	BUENO, TERESA
Address	585 NW 164 AVE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	DIRECTOR
Name	GANS, RICHARD
Address	16250 NW 9 DRIVE
City-State-Zip:	PEMBROKE PINES FL 33082

Title	DIRECTOR
Name	MERCADO, SAMUEL
Address	129 NW 161 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028

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**P****04/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date