

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000284

Entity Name: SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, INC.**FILED**
May 08, 2017
Secretary of State
CC9012946250**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
7951 SW 6TH STREET
STE 210
PLANTATION, FL 33324 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	DIRECTOR
Name	BEHNAM, JOE
Address	1060 NW 161 AVE
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	VP
Name	GANS, RICHARD
Address	16250 NW 9 DRIVE
City-State-Zip:	PEMBROKE PINES FL 33082

Title	TREASURER
Name	ALVAREZ, ROBERT
Address	402 NW 162 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	PRESIDENT, DIRECTOR
Name	KEAT, CROSS
Address	660 NW 261 AVE
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	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: KEAT CROSS

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05/08/2017

Electronic Signature of Signing Officer/Director Detail_____
Date