

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000559

Entity Name: THE ISLAND AT SPRING VALLEY OWNERS ASSOCIATION, INC.**FILED**
Mar 17, 2020
Secretary of State
6115854287CC**Current Principal Place of Business:**C/O ATLANTIS MANAGEMENT
11011 SHERIDAN STREET SUITE 208
COOPER CITY, FL 33026**Current Mailing Address:**C/O ATLANTIS MANAGEMENT
11011 SHERIDAN STREET SUITE 208
COOPER CITY, FL 33026 US**FEI Number: 65-0594584****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHIR LAW GROUP, PA
1800 NW CORPORATE BLVD.
SUITE 200
BOCA RATON, FL 33431 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	BLANCO, CARLOS
Address	C/O ATLANTIS MANAGEMENT 11011 SHERIDAN STREET SUITE 208
City-State-Zip:	COOPER CITY FL 33026

Title	VPD
Name	ALLICOCK, STEVE
Address	C/O ATLANTIS MANAGEMENT 11011 SHERIDAN STREET SUITE 208
City-State-Zip:	COOPER CITY FL 33026

Title	SECRETARY
Name	DELEEWERK, PAMELA
Address	C/O ATLANTIS MANAGEMENT 11011 SHERIDAN STREET SUITE 208
City-State-Zip:	COOPER CITY FL 33026

Title	TREASURER
Name	CASTRO, MARIO
Address	C/O ATLANTIS MANAGEMENT 11011 SHERIDAN STREET SUITE 208
City-State-Zip:	COOPER CITY FL 33026

Title	DIRECTOR
Name	MON, JORGE
Address	C/O ATLANTIS MANAGEMENT 11011 SHERIDAN STREET SUITE 208
City-State-Zip:	COOPER CITY FL 33026

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: CARLOS BLANCO**PRESIDENT****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date