## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000559

Entity Name: THE ISLAND AT SPRING VALLEY OWNERS ASSOCIATION, INC.

FILED
Jan 09, 2015
Secretary of State
CC5553196317

## **Current Principal Place of Business:**

C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323

## **Current Mailing Address:**

C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 US

FEI Number: 65-0594584 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATIOTES, PA 150 S. PINE ISLAND ROAD, SUIT 540 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: LEONARD WILDER, ESQ 01/09/2015

**Electronic Signature of Registered Agent** 

Date

Officer/Director Detail:

Title PD Title VPD

Name BLANCO, CARLOS Name RUIZ, OCTAVIO

Address C/O MIAMI MANAGEMENT, INC Address C/O MIAMI MANAGEMENT, INC

1145 SAWGRASS CORPORATE PKWY 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

TitleTS, SECRETARYTitlePROPERTY MANAGERNameCALLE, IVETTENameLAYEN-SLANN, AYALA

Address C/O MIAMI MANAGEMENT, INC Address C/O MIAMI MANAGEMENT, INC

1145 SAWGRASS CORPORATE PKWY 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323 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: AYALA LAYEN-SLANN

PROPERTY MANAGER

01/09/2015