

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004892

Entity Name: SPRING VALLEY PHASE III HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323**Current Mailing Address:**1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323**FEI Number:** 65-0783184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKALAR & ASSOCIATES
12472 WEST ATLANTIC BOULEVARD
CORAL SPRINGS, FL 33071 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	VP
Name	CAULFIELD, CECILLE
Address	1145 SAWGRASS CORP PKWY
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	MAXWELL, DONNA
Address	1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	MCCLENDON, BVONNEA C
Address	1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	PD
Name	VEGA, MANUEL
Address	1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	SHARPE, ROBERT
Address	1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	TREASURER
Name	SAINVILLIER, STEPHANE
Address	1145 SAWGRASS CORPORATE PARKWAY
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: MANUEL VEGA**PRESIDENT****02/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date