

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001836

**Entity Name:** WATERSIDE AT SPRING VALLEY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 05, 2024**  
**Secretary of State**  
**7342944546CC**

**Current Principal Place of Business:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**FEI Number: 65-0915464**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKALAR & ASSOCIATES  
350 CAMINO GARDENS BLVD  
SUITE 104  
BOCA RATON, FL 33432 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            PRESIDENT  
Name            DANIELS, YVONNE  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            VP  
Name            HERRERA, AILYN  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            TREASURER  
Name            FUNG, SHELSIE  
Address        1145 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY  
Name            VELAZQUEZ, ANTONIO  
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: YVONNE DANIELS**

**PRESIDENT**

**03/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date