

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001836

Entity Name: WATERSIDE AT SPRING VALLEY HOMEOWNERS' ASSOCIATION, INC.**FILED**
Jan 13, 2014
Secretary of State
CC5371037341**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
150 SOUTH PINE ISLAND ROAD
SUITE 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	VP
Name	MALLOOF, AL
Address	1145 SAWGRASS CORP PKWY
City-State-Zip:	SUNRISE FL 33323

Title	TD
Name	JAREMA, MICHAEL
Address	1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	D
Name	BLASER, CARL
Address	1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	ROOT, MARLENE
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****01/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date