

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 713616 1. Entity Name SPRING VALLEY FARMS COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business POST OFFICE BOX 160836 ALTAMONTE SPRINGS FL 32716-7836	Mailing Address POST OFFICE BOX 160836 ALTAMONTE SPRINGS FL 32716-7836
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2993354	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUELLO, CARMEN 100 LITTLE OAK LANE ALTAMONTE SPRINGS FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	VPD CLARK, JIM <input type="checkbox"/> Delete
NAME	610 SPRING VALLEY ROAD
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714
CITY-ST-ZIP	
TITLE	TD CUELLO, CARMEN <input type="checkbox"/> Delete
NAME	100 LITTLE OAK LANE
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714
CITY-ST-ZIP	
TITLE	PD MILLER, BILL <input type="checkbox"/> Delete
NAME	147 VARIETY TREE CIRCLE
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714
CITY-ST-ZIP	
TITLE	SD DOWNS, BARBARA <input type="checkbox"/> Delete
NAME	810 SPRING VALLEY ROAD
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000238673
STREET ADDRESS	02/22/05-80009-013 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carmen Cuello* 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #