

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713616

FILED
Feb 13, 2008
Secretary of State

Entity Name: SPRING VALLEY FARMS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

797 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 160836
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-2993354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, RUSSELL
125 VALENCIA LOOP
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

KARASAWA, MASARU TD
797 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714 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: MASARU KARASAWA

02/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HILL, RUSSELL
Address: 125 VALENCIA LOOP
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD () Delete
Name: CLARK, JAMES
Address: 191 SPRING CHASE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: ROBERTS, SUSAN
Address: 129 VARIETY TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: MCDEED, DAVID
Address: 110 HORSE LOVERS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BANDY, JOHN
Address: 797 SPRING VALLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD (X) Change () Addition
Name: MCDEED, DAVID
Address: 797 SPRING VALLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Change () Addition
Name: CARROLL, KIM
Address: 797 SPRING VALLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD (X) Change () Addition
Name: KARASAWA, MASARU
Address: 797 SPRING VALLEY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MASARU KARASAWA

TD

02/13/2008

Electronic Signature of Signing Officer or Director

Date