2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 713616

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:

797 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-2993354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/13/2009

Electronic Signature of Signing Officer or Director — Date