FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99680** **(1)**

1. Corporation Name
SPRING VALLEY DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
2200 LUCIEN WAY, #400 MAITLAND FL 32751	2200 LUCIEN WAY, #400 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1986
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business	2a. Mailing Address
21 5401 S. KIRKMAN RD.	26 5401 S. KIRKMAN RD.
Suite, Apt. #, etc 22 SUITE 515	Suite, Apt. #, etc 27 SUITE 515
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip: 24 32819 Country: 25 USA	Zip: 29 32819 Country: 30 USA

4. FEI Number: 59-2632005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STONE, STEPHEN M ESQ. 725 NORTH MAGNOLIA AVENUE ORLANDO FL 32803	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	ROHDIE, ROBERT C	12 NAME	
STREET ADDRESS	2200 LUCIEN WAY, #400	13 STREET ADDRESS	5401 S. KIRKMAN RD. STE. 515
CITY ST ZIP	MAITLAND FL 32751	14 CITY ST ZIP	ORLANDO, FL 32819
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	GINSBURG, ALAN H	22 NAME	
STREET ADDRESS	2200 LUCIEN WAY, #400	23 STREET ADDRESS	2300 LUCIEN WAY STE. 450
CITY ST ZIP	MAITLAND FL 32751	24 CITY ST ZIP	ORLANDO, FL 32819
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: ROBERT C. ROHDIE 4/26/95 407-248-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #

0042010 CP