

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90071 038 ***150.00

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1. Entity Name
**SPRING VALLEY LAKE ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business Mailing Address
37541 CHURCH AVE. 37541 CHURCH AVE.
DADE CITY, FL 33525 DADE CITY, FL 33525

2. Principal Place of Business 3. Mailing Address
14206 5th Street PO Box 1167

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Dade City, FL Dade City, FL

Zip Country Zip Country
33523 33526



04022004 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
01-0688693 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, STEVEN C
34710 CLAYTON ROAD
DADE CITY, FL 33523

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 D ☐ Delete
NAME SMITH, STEVEN C
STREET ADDRESS 37541 CHURCH AVE.
CITY-ST-ZIP DADE CITY, FL 33523

TITLE D ☐ Delete
NAME SMITH, TERESA S
STREET ADDRESS 37541 CHURCH AVE.
CITY-ST-ZIP DADE CITY, FL 33525

TITLE D ☐ Delete
NAME SCOTT, JEFFREY K
STREET ADDRESS 7514 COLONIAL COURT
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Steven C Smith 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #