

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90137 006 ****61.25

DOCUMENT # N02000002746

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



Principal Place of Business

**34710 CLAYTON ROAD
DADE CITY FL 33523**

Mailing Address

**34710 CLAYTON ROAD
DADE CITY FL 33523**

2. Principal Place of Business

37541 Church Ave

Suite, Apt. #, etc.

3. Mailing Address

37541 Church Ave

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

4. FEI Number

01-0688693

Applied For

Not Applicable

Zip

33525

Country

Zip

33525

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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)

37541 Church Ave

City

Dade City

FL

Zip Code

33525

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

FILE NOW: FEE IS \$61.25

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 **34710 CLAYTON ROAD**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **D** ☐ Delete
NAME **SMITH, TERESA S**
STREET ADDRESS **34710 CLAYTON ROAD**
CITY-ST-ZIP **DADE CITY FL 33523**

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 **37541 Church Ave**
CITY-ST-ZIP **Dade City, FL 33525**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **37541 Church Ave**
CITY-ST-ZIP **Dade City, FL 33525**

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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: **SIGNATURE REQUIRED**

4/29/03 352-523-2787

CR2E037 (10/02)