

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 21, 2007  
Secretary of State**

DOCUMENT# N05000012804

**Entity Name:** SERRAVELLA AT SPRING VALLEY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST ST. RD. 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST ST. RD. 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 20-5534160      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBERTELLI & ASSOCIATES, P.L.  
330 A1A NORTH SUITE 324  
PONTE VEDRA BEACH, FL 32082      US

**Name and Address of New Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 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: JAMES W HART JR      02/21/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BAREFIELD, FRANK  
Address: 1930 STONEGATE DRIVE  
City-St-Zip: BIRMINGHAM, AL 35242

Title: VTD      ( ) Delete  
Name: CICCARELLO, JOE  
Address: 1930 STONEGATE DRIVE  
City-St-Zip: BIRMINGHAM, AL 35242

Title: SD      ( ) Delete  
Name: BOHN, CAROL  
Address: 1930 STONEGATE DRIVE  
City-St-Zip: BIRMINGHAM, AL 35242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK BAREFIELD      PD      02/21/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date