

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2008
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:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: 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: VPTD (X) Change () Addition
Name: ROLLINS, ROBERT
Address: 305 WYMORE RD #202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Change () Addition
Name: PHILLIPS, MICHELLE
Address: 1930 STONEGATE DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

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: FRANK BAREFIELD

PD

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date