

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012804

FILED
Mar 06, 2009
Secretary of State

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:

901 NORTH LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

Current Mailing Address:

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

New Mailing Address:

901 N. LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32754

FEI Number: 20-5534160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COLDWELL BANKER COMMERCIAL NRT
901 NORTH LAKE DESTINY DRIVE
SUITE110
MAITLAND, FL 32751 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: ROBIN WEBB

03/06/2009

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: VPTD () Delete
Name: ROLLINS, ROBERT
Address: 305 WYMORE RD #202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: ROLLINS, ROBERT
Address: 305 WYMORE RD #202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPTD (X) Change () Addition
Name: ROSBASH, STEVEN
Address: 375 WYMORE RD #102
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DEAN DRISCOLL

PM

03/06/2009

Electronic Signature of Signing Officer or Director

Date