

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005447 (8)

1. Corporation Name
SPRING VALLEY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 16001 PINES BLVD. PEMBROKE PINES FL 33028
Mailing Address: 16001 PINES BLVD. PEMBROKE PINES FL 33028

3. Date Incorporated or Qualified: 12/03/1993
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0467076	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BRECKER, CHARLES D
FROMBERG FROMBERG LEWIS & BRECKER P.A.
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: STRAUB, JO ANN	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 16001 PINES BLVD.	CITY-ST-ZIP: PEMBROKE PINES FL 33028	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: DV	NAME: FELDMAN, ARKADY	1.4 CITY-ST-ZIP:	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 16001 PINES BLVD.	CITY-ST-ZIP: PEMBROKE PINES FL 33028	2.1 TITLE:	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
	<input checked="" type="checkbox"/> DELETE	2.2 NAME:	GERARD CRISTODERO
TITLE: DST	NAME: DICILLO, BARBARA	2.3 STREET ADDRESS:	16393 NW 11th Street
STREET ADDRESS: 16001 PINES BLVD.	CITY-ST-ZIP: PEMBROKE PINES FL 33028	2.4 CITY-ST-ZIP:	Pembroke Pines, Florida 33028
	<input type="checkbox"/> DELETE	3.1 TITLE:	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
TITLE:	NAME:	3.2 NAME:	BARBARA DICILLO
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	16001 Pines Boulevard
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	Pembroke Pines, Florida 33028
TITLE:	NAME:	4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	500001808685
TITLE:	NAME:	4.4 CITY-ST-ZIP:	-05/06/96--01026--035
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
	<input type="checkbox"/> DELETE	5.2 NAME:	***61.25
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
	<input type="checkbox"/> DELETE	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Straub* Date: 4/22/96 (954)433-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN STRAUB Daytime Phone #

CR2E037 (12/95)