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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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. 16117 NW 15 ST. PEMBROKE PINES FL 33028
Mailing Address: 16001 PINES BLVD. 16117 NW 15 ST. PEMBROKE PINES FL 33028

3. Date Incorporated or Qualified: 12/03/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country

4. FEI Number: 65-0467076
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BRECKER, CHARLES D
FROMBERG FROMBERG LEWIS & BRECKER P.A.
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

10. Name and Address of New Registered Agent
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 617.1508, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STRAUB, JO ANN	
STREET ADDRESS	16001 PINES BLVD.	
CITY - ST - ZIP	PEMBROKE PINES FL 33028	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CRISTODERO, GERARD	
STREET ADDRESS	16393 NW 11TH ST.	
CITY - ST - ZIP	PEMBROKE PINES FL 33028	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	DICILLO, BARBARA	
STREET ADDRESS	16001 PINES BLVD.	
CITY - ST - ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	16117 NW 15 ST
1.3 STREET ADDRESS	PEMBROKE PINES FL 33028
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	16117 NW 15 ST
2.3 STREET ADDRESS	PEMBROKE PINES FL 33028
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	16117 NW 15 ST
3.3 STREET ADDRESS	PEMBROKE PINES FL 33028
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE: *Barbara M. Dicillo* 1-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: 0078099

CR2E037 (9/96)