

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

16117 N.W. 15 ST.
PEMBROKE PINES FL 33028
US

16117 N.W. 15 ST.
PEMBROKE PINES FL 33028
US



3. Date Incorporated or Qualified

12/03/1993

4. FEI Number

65-0467076

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

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

CONTINENTAL GROUP

82 Street Address (P.O. Box Number is Not Acceptable)

1067 SHOT RUN RD.

83

84 City

SUNRISE

FL

85 Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable

(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
STREET ADDRESS 16117 N.W. 15 ST.
CITY-ST-ZIP PEMBROKE PINES FL

☒ DELETE

1.1 TITLE DT
1.2 NAME CARAN GOODE
1.3 STREET ADDRESS 16620 NW 1 Street
1.4 CITY-ST-ZIP Pembroke Pines, FL 33028

☐ Change ☒ Addition

TITLE DP
NAME CRISTODERO, GERARD
STREET ADDRESS 16117 N.W. 15 ST.
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

2.1 TITLE DS
2.2 NAME Tony Gonzalez
2.3 STREET ADDRESS 16234 NW Street
2.4 CITY-ST-ZIP Pembroke Pines, FL 33028

☐ Change ☒ Addition

TITLE DVST
NAME DICILLO, BARBARA
STREET ADDRESS 16117 N.W. 15 ST.
CITY-ST-ZIP PEMBROKE PINES FL

☒ DELETE

3.1 TITLE D
3.2 NAME Norman Bergstein
3.3 STREET ADDRESS 2208 NW 162 Terrace
3.4 CITY-ST-ZIP Pembroke Pines, FL 33028

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE D
4.2 NAME Lee Koyles
4.3 STREET ADDRESS 2399 NW 160 Terrace
4.4 CITY-ST-ZIP Pembroke Pines, FL 33028

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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; 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:

[Signature]

CP2E037 (10/97)