

FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # N93000005447 (8)
Corporation Name
SPRING VALLEY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 16117 N.W. 15 ST. PEMBROKE PINES FL 33028 US	Mailing Address 16117 N.W. 15 ST. PEMBROKE PINES FL 33028 US
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3. Date Incorporated or Qualified 12/03/1993	
4. FEI Number 65-0467076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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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 **CONTINENTAL GROUP**
82 Street Address (P.O. Box Number is Not Acceptable)
1067 SHUT SWAN 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	STRAUB, JO ANN	
STREET ADDRESS	16117 N.W. 15 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CRISTODERO, GERARD	
STREET ADDRESS	16117 N.W. 15 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	DICILLO, BARBARA	
STREET ADDRESS	16117 N.W. 15 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
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	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARAN GOODE	
1.3 STREET ADDRESS	16620 NW 1 Street	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33028	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tony Gonzalez	
2.3 STREET ADDRESS	16234 NW Street	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33028	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Norman Bergstein	
3.3 STREET ADDRESS	2208 NW 162 Terrace	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33028	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lee Koyles	
4.3 STREET ADDRESS	2399 NW 160 Terrace	
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33028	
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 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: _____

CF2E037 (10/97)