

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005447

1. Entity Name

SPRING VALLEY PROPERTY OWNERS ASSOCIATION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90021 034 ****61.25

Principal Place of Business CONTINENTAL GROUP HOLLYWOOD FL 33020 US	Mailing Address 2950 N 28TH TERR HOLLYWOOD FL 33020-1301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0467076	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**GLASER, HARVEY
C/ THE CONTINENTAL GROUP
2950 N 28TH TERR
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	CRISTODERO, JERRY
STREET ADDRESS	16392 NW 11 ST
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	ST <input type="checkbox"/> Delete
NAME	GOODE, CARAN
STREET ADDRESS	16620 NW 1 ST
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	D <input type="checkbox"/> Delete
NAME	KOYLES, LEE
STREET ADDRESS	2399 NW 160 TERR
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	D <input type="checkbox"/> Delete
NAME	KLEIN, HARRIS
STREET ADDRESS	16336 NW 11 ST
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	D <input type="checkbox"/> Delete
NAME	LISS, IRA
STREET ADDRESS	1319 NW 161 AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	D <input type="checkbox"/> Delete
NAME	PRENTICE, DAWN
STREET ADDRESS	16588 NW 17 ST
CITY-ST-ZIP	PEMBROKE PINES FL 33028

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/16/00 Daytime Phone #: 954 476 6222

CR2E037 (9/99)