

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91003 019 ****61.25

DOCUMENT # N93000005447					
1. Entity Name SPRING VALLEY PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business CONTINENTAL GROUP HOLLYWOOD, FL 33020 US			Mailing Address 2950 N 28TH TERR HOLLYWOOD, FL 33020 US		
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAKALAR, BROUGH & CHADROW, P.A. WESTSIDE CORPORATE CENTER 150 S. PINE ISLAND RD., STE. 540 PLANTATION, FL 33324-2669			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Bakalar, Brough & Chadrow P.A.</u> 4/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME ESCOTO, JERRY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1420 NW 161 AVENUE	CITY-ST-ZIP PEMBROKE PINES, FL 33028		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2154 NW 166 AVE	CITY-ST-ZIP PEMBROKE PINES, FL 33028		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 16336 NW 11 ST	CITY-ST-ZIP PEMBROKE PINES, FL 33028		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 16588 NW 17 ST	CITY-ST-ZIP PEMBROKE PINES, FL 33028		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 16315 NW 12 ST	CITY-ST-ZIP PEMBROKE PINES, FL 33028		NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP		NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Bakalar, Brough & Chadrow P.A.</u> 4/15/04 988200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

14013636



04272004 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP NAME ESCOTO, JERRY STREET ADDRESS 1420 NW 161 AVENUE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME BOWERS, DEBRA STREET ADDRESS 2154 NW 166 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KLEIN, HARRIS STREET ADDRESS 16336 NW 11 ST CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PRENTICE, DAWN STREET ADDRESS 16588 NW 17 ST CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME FAKON, RICHARD - Falcon STREET ADDRESS 16315 NW 12 ST CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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