

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 JUN 17 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>DOCUMENT # N93000005447</b> 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 c/o MIAMI MANAGEMENT, INC. Suite, Apt. #, etc. 1145 Sawgrass Corp. Pkwy City & State Sunrise Zip 33323 Country USA		3. Mailing Address c/o MIAMI Management, Inc. Suite, Apt. #, etc. 1145 Sawgrass Corp. Pkwy City & State Sunrise Zip 33323 Country USA		05282004 Chg-NP CR2E037 (10/03)  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. Name and Address of Current Registered Agent BAKALAR, BROUGH & CHADROW, P.A. WESTSIDE CORPORATE CENTER 150 S. PINE ISLAND RD., STE. 540 PLANTATION, FL 33324-2669	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	VP ESCOTO, JERRY 1420 NW 161 AVENUE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIA FERNANDEZ 2316 NW 161 Terrace Pembroke Pines, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWERS, DEBRA 2154 NW 166 AVE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWN- PRENTICE 16588 NW 17 Street Pembroke Pines, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, HARRIS 16336 NW 11 ST PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry ESCOTO 1420 NW 161 Avenue Pembroke Pines, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENTICE, DAWN 16588 NW 17 ST PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Yvonne Daniels</del> 000038133420 06/21/04--01046--008 **\$61.25 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALCON, RICHARD 16315 NW 12 ST PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yvonne Daniels 16484 NW 15 Street Pembroke Pines, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, MARLA 2316 NW 161 TERR PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>Richard Falcon</u> Date: <u>June 1, 2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small> RICHARD FALCON					

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