

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 JUL 11 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005447			
Entity Name SPRING VALLEY PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US		Mailing Address C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US	
Principal Place of Business		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GLENN, RICHARD W FOUR HARVARD CIRCLE SUITE 600 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. I, the above named entity submit 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P FALCON, RICHARD 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	20007681282
STREET ADDRESS		STREET ADDRESS	07/18/06--01049--007 **\$61.25
CITY - ZIP		CITY - ST - ZIP	
TITLE	VP BOWERS, DEBRA 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ZIP		CITY - ST - ZIP	
TITLE	T FERNANDEZ, MARIA 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Dawn Prentice
STREET ADDRESS		STREET ADDRESS	1145 Sawgrass Corporate Pkwy
CITY - ZIP		CITY - ST - ZIP	Sunrise, FL 33323.
TITLE	S DANIELS, YVONNE 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ZIP		CITY - ST - ZIP	
TITLE	D KLEIN, HARRIS 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ZIP		CITY - ST - ZIP	
TITLE	D ESCOTO, JERRY 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	JC 7/14
STREET ADDRESS		STREET ADDRESS	
CITY - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information stated 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 employees.			
SIGNATURE: <i>Richard Falcon</i>		Date: 6-29-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



06192006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0467076 Applied For Not Applicable

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