


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90066 050 ****61.25

DOCUMENT # N93000005447					
1. 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		
2. Principal Place of Business - No P.O. Box #		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 GLENN, RICHARD W FOUR HARVARD CIRCLE SUITE 600 WEST PALM BEACH, FL 33409			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>					
Filing Fee is \$61.25 Due by May 1, 2007		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	NAME FALCON, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Debra Bowers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	CITY-ST-ZIP SUNRISE, FL 33323		STREET ADDRESS 1145 Sawgrass Corporate Pkwy.	CITY-ST-ZIP Sunrise, FL 33323	
TITLE VP	NAME BOWERS, DEBRA	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Yvonne Daniels	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	CITY-ST-ZIP SUNRISE, FL 33323		STREET ADDRESS 1145 Sawgrass Corporate Pkwy.	CITY-ST-ZIP Sunrise, FL 33323	
TITLE T	NAME PRENTICE, DAWN	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME HARRIS, KLEIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	CITY-ST-ZIP SUNRISE, FL 33323		STREET ADDRESS 1145 Sawgrass Corporate Pkwy.	CITY-ST-ZIP Sunrise, FL 33323	
TITLE S	NAME DANIELS, YVONNE	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Dawn Prentice	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	CITY-ST-ZIP SUNRISE, FL 33323		STREET ADDRESS 1145 Sawgrass Corporate Pkwy.	CITY-ST-ZIP Sunrise, FL 33323	
TITLE D	NAME KLEIN, HARRIS	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Andrew Medina	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	CITY-ST-ZIP SUNRISE, FL 33323		STREET ADDRESS 1145 Sawgrass Corporate Pkwy.	CITY-ST-ZIP Sunrise, FL 33323	
TITLE D	NAME ESCOTO, JERRY	<input type="checkbox"/> Delete	TITLE D	NAME Richard Falcon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	CITY-ST-ZIP SUNRISE, FL 33323		STREET ADDRESS 1145 Sawgrass Corporate Pkwy.	CITY-ST-ZIP Sunrise, FL 33323	
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 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 _____ <i>(Signature)</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					