

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90032 012 \*\*\*\*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 #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 65-0467076 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOWERS, DEBRA	
STREET ADDRESS	1145 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	SUNRISE, FL 33323	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, YVONNE	
STREET ADDRESS	1145 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	SUNRISE, FL 33323	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLEIN, HARRIS	
STREET ADDRESS	1145 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	SUNRISE, FL 33323	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRENTICE, DAWN	
STREET ADDRESS	1145 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	SUNRISE, FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEDINA, ANDREW	
STREET ADDRESS	1145 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	SUNRISE, FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESCOTO, JERRY	
STREET ADDRESS	1145 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	SUNRISE, FL 33323	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Black	
STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY- ST- ZIP	Sunrise, FL 33323	
TITLE	YVONNE Daniels	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YVONNE Daniels	
STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY- ST- ZIP	Sunrise, FL 33323	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Maloof	
STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY- ST- ZIP	Sunrise, FL 33323	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Medina	
STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY- ST- ZIP	Sunrise, FL 33323	
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 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 files empowered.

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