

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000284

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16159 NW 8TH DRIVE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

16159 NW 8TH DRIVE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 65-0467070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARD F. HOLODAK, P.A.  
2500 HOLLYWOOD BLVD., STE 212  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEHNAM, JOE  
Address: 1060 NW 161 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD ( ) Delete  
Name: KEAT, CROSS  
Address: 660 NW 261 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete  
Name: JAMMEL, FARRIS  
Address: 16159 NW 8TH DRIVE  
City-St-Zip: PEMBROKE PINES, FL

Title: P ( ) Delete  
Name: MEDINA, ANDREW  
Address: 16314 NW 9TH DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: CREEL, EDWARD  
Address: 16341 NW 5TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: BUENO, TERESA  
Address: 585 NW 164 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE BEHNAM

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date