

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000559 1. Entity Name THE ISLAND AT SPRING VALLEY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O THE CONTINENTAL GROUP, LTD. 2950 NORTH 28TH TERRACE HOLLYWOOD, FL 33020			Mailing Address C/O THE CONTINENTAL GROUP, LTD. 2950 NORTH 28TH TERRACE HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0594584	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACIVER, STUART J ESQ 1177 SOUTHEAST THIRD AVE FORT LAUDERDALE, FL 33316				Name LEIGH C. KATZMAN, ESQ Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49th Street Suite 202 City Fort Lauderdale FL Zip Code 33309	
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.</small>		Ferren L. Korr, Esq. 12/28/04 <small>(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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, CARAN		NAME	CARLOS BLANCO	
STREET ADDRESS	16620 N.W. 1ST STREET		STREET ADDRESS	690 NW 166 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCO, CARLOS		NAME	DENNIS WILSON	
STREET ADDRESS	690 NW 166 AVE.		STREET ADDRESS	875 NW 165 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALLEJO, JUAN		NAME	MIKE SCANDIZZO	
STREET ADDRESS	160 NW 166 AVE		STREET ADDRESS	16510 NW 9TH ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete	TITLE	D Craig Schnoor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	995 NW 165th AVE	
STREET ADDRESS			STREET ADDRESS	Pembroke Pines FL 33028	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	IVETTE R CALLE	
STREET ADDRESS			STREET ADDRESS	14556 NW 8th St	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES. FL 33028	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 12/28/04 Daytime Phone #: 954-436-9857		

FILED

05 JAN -3 PM 2:40

SECRETARY OF STATE



09212004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0594584 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACIVER, STUART J ESQ
1177 SOUTHEAST THIRD AVE
FORT LAUDERDALE, FL 33316

Name
LEIGH C. KATZMAN, ESQ
Street Address (P.O. Box Number is Not Acceptable)
1501 NW 49th Street Suite 202
City
Fort Lauderdale FL Zip Code
33309

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\$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 PD ☒ Delete
NAME GOODE, CARAN
STREET ADDRESS 16620 N.W. 1ST STREET
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE PD ☒ Change ☐ Addition
NAME CARLOS BLANCO
STREET ADDRESS 690 NW 166 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VPD ☒ Delete
NAME BLANCO, CARLOS
STREET ADDRESS 690 NW 166 AVE.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VPD ☐ Change ☒ Addition
NAME DENNIS WILSON
STREET ADDRESS 875 NW 165 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE DST ☒ Delete
NAME VALLEJO, JUAN
STREET ADDRESS 160 NW 166 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D/S ☐ Change ☒ Addition
NAME MIKE SCANDIZZO
STREET ADDRESS 16510 NW 9TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D Craig Schnoor
STREET ADDRESS 995 NW 165th AVE
CITY-ST-ZIP Pembroke Pines FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME IVETTE R CALLE
STREET ADDRESS 14556 NW 8th St
CITY-ST-ZIP PEMBROKE PINES. FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/28/04 Daytime Phone #: 954-436-9857

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