

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005118 (4)**

1. Corporation Name

**SPRING VALLEY PHASE II HOMEOWNERS ASSOCIATION, I  
NC.**

Principal Place of Business

Mailing Address

**16117 N.W. 15 ST.  
PEMBROKE PINES FL 33028  
US**

**16117 N.W. 15 ST.  
PEMBROKE PINES FL 33028  
US**



2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/13/1994**

4. FEI Number

**65-0567346**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**BRECKER, CHARLES D  
20801 BISCAYNE BLVD. 505  
AVENTURA CORP CTR.  
AVENTURA FL 33180**

**81** Name **CONTINENTAL GROUP**

**82** Street Address (P.O. Box Number is Not Acceptable)

**1067 SHOTGUN RD.**

**83**

**84** City **SUNRISE**

**FL**

**85** Zip Code

**33326**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relinquishing)

**2-23-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **STRAUB, JO A**  
STREET ADDRESS **16117 N.W. 15 ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☒ DELETE

NAME **FELDMAN, ARKADY**  
STREET ADDRESS **16117 N.W. 15 ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☒ DELETE

NAME **DICILLO, BARBARA**  
STREET ADDRESS **16117 N.W. 15 ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition

1.2 NAME **Tony Gonzalez**  
1.3 STREET ADDRESS **16234 NW 14 Street**  
1.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

2.1 TITLE **DT** ☐ Change ☒ Addition

2.2 NAME **Ira Liss**  
2.3 STREET ADDRESS **1319 NW 161 Avenue**  
2.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

3.1 TITLE **DS** ☐ Change ☒ Addition

3.2 NAME **Jerry Escoto**  
3.3 STREET ADDRESS **1420 NW 161 Avenue**  
3.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Dan Trotman**  
4.3 STREET ADDRESS **16251 NW 14 Street**  
4.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

5.1 TITLE **D** ☐ Change ☒ Addition

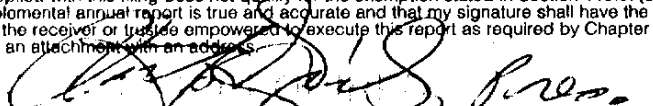
5.2 NAME **Leslie Vogel**  
5.3 STREET ADDRESS **16226 NW 12 Street**  
5.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Jorge Turino**  
6.3 STREET ADDRESS **16201 NW 14 Street**  
6.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(5)(b), Florida Statutes. I declare that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



CP2E037 (10/97)

**Second Page  
Officers and Directors  
Spring Valley Phase II Homeowners Association**

**Addition:**

**D  
Lysle Cain  
1440 NW 161 Avenue  
Pembroke Pines, FL 33028**