

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90017 043 ****61.25

DOCUMENT # N94000005118

1. Entity Name

SPRING VALLEY PHASE II HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**CONTINENTAL GROUP
 1067 SHOTGUN ROAD
 SUNRISE FL 33326
 US**

**CONTINENTAL GROUP
 1067 SHOTGUN ROAD
 SUNRISE FL 33326
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

The Continental Group, Ltd.

2950 North 28th Terrace

City & State

Hollywood, Florida 33020

Zip

Country

Zip

Country

4. FEI Number

65-0567346

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

**LEVIN, CHERYL PA
 10226 NW 47TH STREET
 SUNRISE FL 33351**

Name **Cheryl J. Levin, P.A.**

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

4694 NW 103rd Ave

City

Sunrise, Fla

FL

Zip Code

33351

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **ESCOTO, JERRY**
 STREET ADDRESS **1420 NW 161 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE **DT** ☐ Delete
 NAME **TROTTMAN, DAN**
 STREET ADDRESS **16251 NW 14 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE **DST** ☐ Delete
 NAME **VOGEL, LESLIE**
 STREET ADDRESS **16226 NW 12 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE **D** ☐ Delete
 NAME **CLARK, JIM**
 STREET ADDRESS **16161 NW 14 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE **D** ☐ Delete
 NAME **SUAREZ, JULIO**
 STREET ADDRESS **1430 NW 161 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE OF TROTTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02

CR2E037 (9/01)