2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N94000005118

Entity Name: SPRING VALLEY PHASE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CONTINENTAL GROUP, LTD.
2950 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

CONTINENTAL GROUP, LTD.
2950 NORTH 28TH TERRACE
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0567346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
GLOBAL COMMERCE CENTER
1900 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

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: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ESCOTO, JERRY
Address: 1420 NW 161 AVE
City-St-Zip: PEMBROKE PINES, FL 32028

Title: DT ( ) Delete
Name: TROTTMAN, DAN
Address: 16251 NW 14 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DP ( ) Delete
Name: VOGEL, LESLIE
Address: 16226 NW 12 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: BLACK, MICHAEL
Address: 16299 NW 11TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

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: LESLIE VOGEL DP 03/24/2009
Electronic Signature of Signing Officer or Director — Date