

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90079 036 \*\*\*\*\*61.25

**DOCUMENT # N97000004892**

1. Entity Name  
**SPRING VALLEY PHASE III HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**CONTINENTAL GROUP  
2950 NORTH 28TH TERRACE  
HOLLYWOOD FL 33020**

Mailing Address  
**CONTINENTAL GROUP  
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

Zip

Country

4. FEI Number **65-0783184**

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

**BROUGH, DAVID  
2240 SW 70TH AVE.  
DAVE FL 33324**

Name **Bakalar, Brough & Chadrow, P.A.**  
Street **Westside Corporate Center**  
**150 South Pine Island Road, Suite 540**  
City **Plantation, Fla. 33324-2669**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/19/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 type="checkbox"/> Delete
NAME	FALCON, RICHARD	
STREET ADDRESS	16315 NW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARNETT, MICHAEL	
STREET ADDRESS	16461 NW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAYES, GALEN	
STREET ADDRESS	16447 NW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	I	<input type="checkbox"/> Delete
NAME	GREEN, STEVE	
STREET ADDRESS	16474 NW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HALLIACH, SHAWN	
STREET ADDRESS	16439 NW 16TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **RECEIVED**

CR2E037 (10/02)