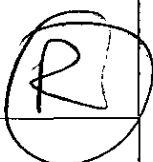


# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001836

1. Entity Name

WATERSIDE AT SPRING VALLEY HOMEOWNERS' ASSOCIATI



**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90118 031 \*\*\*\*70.00

Principal Place of Business

Mailing Address

80 S.W. 8TH STREET #1870  
 MIAMI FL 33130

80 S.W. 8TH STREET #1870  
 MIAMI FL 33130-3039

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

65-0915464

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCUZ, GREG

80 S.W. 8TH STREET #1870  
 MIAMI FL 33130

Name

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

City

FL

Zip Code

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	PTD	<input type="checkbox"/> Delete
NAME	FRANCUZ, GREGORY	
STREET ADDRESS	80 S.W. 8TH STREET #1870	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ALBERT	
STREET ADDRESS	80 S.W. 8TH STREET #1870	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	S. LANI KAHN	
STREET ADDRESS	80 S.W. 8TH STREET #1870	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weis, Robert	
STREET ADDRESS	80 SW 8th St 1870	
CITY-ST-ZIP	Miami FL 33130	
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		
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: Gregory R Francuz **REQUIRED** Gregory R Francuz 4-4-2000 (305) 577-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)