


**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N99000001836		
1. Entity Name <b>WATERSIDE AT SPRING VALLEY HOMEOWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business <b>1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323</b>		Mailing Address <b>1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country
6. Name and Address of Current Registered Agent		
<b>BAKALAR &amp; EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324</b>		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE	PD <span style="float: right;"><input type="checkbox"/> Delete</span>	
NAME	DANIELS, YVONNE	
STREET ADDRESS	1145 SAWGRASS CORPORATE PARKWAY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	SD <span style="float: right;"><input type="checkbox"/> Delete</span>	
NAME	GRAHAM, DEBORAH	
STREET ADDRESS	1145 SAWGRASS CORP PKWY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	VP <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>	
NAME	FRAME, JUDY	
STREET ADDRESS	1145 SAWGRASS CORPORATE PARKWAY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	TD <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>	
NAME	MALOOF, AL	
STREET ADDRESS	1145 SAWHGRASS CORP PKWY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	D <span style="float: right;"><input type="checkbox"/> Delete</span>	
NAME	BLASER, CARL	
STREET ADDRESS	1145 SAWGRASS CORPORATE PARKWAY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11.		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	AL
NAME		114
STREET ADDRESS		Sun
CITY-ST-ZIP		
TITLE	TD	M
NAME		114
STREET ADDRESS		SU
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Richard O. Blaser</i> (DEBORAH GRAM) Sec		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		