I hereby 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 ma 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 nan officer or an 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 nan officer or an 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 nan officer or an 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 nan officer or an 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 nan officer or an 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 nan officer or an 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 nan officer or an 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 nan officer or an 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 nan officer or an an officer or director of the corporation or the receiver or trustee empowered to execute the statutes; and the statutes; and the statutes as th			
above, or on an attachment with all other like empowered. SIGNATURE: BECKY GRITZKE	PRESIDENT	01/23/2020	

DOCUMENT# N9300005447

Entity Name: SPRING VALLEY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US

FEI Number: 65-0467076

Name and Address of Current Registered Agent:

GLENN, RICHARD W 16456 115TH AVENUE NORTH JUPITER, FL , FL 33478 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:

Electronic Signature of Registered Agent

Officer/Director Detail ·

Officer/Director Detail :					
Title	TREASURER	Title	DIRECTOR		
Name	CROSS, KEAT	Name	MALOOF, ALBERT		
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY	Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY		
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323		
Title	DIRECTOR	Title	VP		
Name	PRENTICE, DAWN	Name	DANIELS, YVONNE		
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY	Address	1145 SAWGRASS CORPORATE PKWY		
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323		
Title	SECRETARY	Title	PRESIDENT		
Name	IVETTE , CALLE	Name	GRITZKE, BECKY		
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY	Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY		
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323		

SIGNATURE: BECKY GRITZKE

Electronic Signature of Signing Officer/Director Detail

FILED Jan 23, 2020 Secretary of State 4724329683CC

Certificate of Status Desired: No

Date

Date