

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004892

FILED
Feb 08, 2017
Secretary of State
CC3900800559

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

Current Principal Place of Business:

1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Current Mailing Address:

1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

FEI Number: 65-0783184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES
12472 WEST ATLANTIC BOULEVARD
CORAL SPRINGS, FL 33071 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

Date

Officer/Director Detail :

Title VP
Name CAULFIELD, CECILLE
Address 1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

Title PD
Name VEGA, MANUEL
Address 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name MAXWELL, DONNA
Address 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name SHARPE, ROBERT
Address 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name MCLENDON, BVONNEA C
Address 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip: SUNRISE FL 33323

Title TREASURER
Name SAINVILLIER, STEPHANE
Address 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip: SUNRISE FL 33323

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 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 all other like empowered.

SIGNATURE: MANUEL VEGA

PRESIDENT

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date