

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004892

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC4677897355**

**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  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 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 TD  
Name CAULFIELD, CECILLE  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title PD  
Name VEGA, MANNY  
Address 1145 SAWGRASS CORPORATES  
PKWY  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name MAXWELL, DONNA  
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: MANNY VEGA**

**PD**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date