2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004892

Entity Name: SPRING VALLEY PHASE III HOMEOWNERS' ASSOCIATION,

INC.

FILED Jan 14, 2015 **Secretary of State** CC9263973681

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 TD Title PD

Name CAULFIELD, CECILLE Name VEGA, MANNY

Address 1145 SAWGRASS CORP PKWY 1145 SAWGRASS CORPORATES Address

PKWY City-State-Zip: SUNRISE FL 33323

City-State-Zip: SUNRISE FL 33323

VΡ Title

City-State-Zip:

Title DIRECTOR Name MAXWELL, DONNA

SHARPE, ROBERT Name Address 1145 SAWGRASS CORPORATE

Address 1145 SAWGRASS CORPORATE **PARKWAY**

PARKWAY SUNRISE FL 33323

SUNRISE FL 33323 City-State-Zip:

Title **DIRECTOR**

MCCLENDON, BVONNEA C Name

Address 1145 SAWGRASS CORPORATE

PARKWAY

SUNRISE FL 33323 City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

01/14/2015