

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 732058**

1. Entity Name

SABAL CHASE TOWNHOME ASSOCIATION, INC.**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90037 015 ****61.25

Principal Place of Business

Mailing Address

**12079 S.W. 131ST AVE.
MIAMI FL 33186****12079 S.W. 131ST AVE.
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1672020

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE #1102
MIAMI FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEPHAN, BAN	
STREET ADDRESS	11016 SW 112 AVE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garren Roy	
STREET ADDRESS	11133 SW 113 PL	
CITY-ST-ZIP	Miami, FL 33176	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, ARNIE	
STREET ADDRESS	11233 S.W. 112TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephan Ban	
STREET ADDRESS	11016 SW 112 Ave	
CITY-ST-ZIP	Miami, FL 33176	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NICHOLAS, CHRIS	
STREET ADDRESS	11217 SW 112 ST	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Misick, Robert	
STREET ADDRESS	11410 SW 110 Lane	
CITY-ST-ZIP	Miami, FL 33176	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARGOLUIS, HOWARD	
STREET ADDRESS	11225 S.W. 112TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEFKOWITZ, JOEL	
STREET ADDRESS	11209 SW 111 STREET	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lefkowitz, Joel	
STREET ADDRESS	11209 Sw 111 St	
CITY-ST-ZIP	Miami, FL 33176	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEASURE, JENNIFER	
STREET ADDRESS	11325 SW 111 STREET	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Armstrong	
STREET ADDRESS	11425 SW 110 Ln	
CITY-ST-ZIP	Miami, FL 33176	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ONE REQUIRED

Arnold A Brown, Treas. 2/19/02 305-596-0021

CR2E037 (9/01)