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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732059 (1)

1. Corporation Name

SABAL CHASE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10999 S.W. 113TH PLACE
MIAMI FL 33176

10999 S.W. 113TH PLACE
MIAMI FL 33176-3177

3. Date Incorporated or Qualified
03/06/1975

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1672018

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME MISICK, ROBERT M.
STREET ADDRESS 11232 SW 111TH STREET
CITY-ST-ZIP MIAMI FL

1.1 TITLE SD Change Addition
1.2 NAME DUTTON, TONY
1.3 STREET ADDRESS 11491-B SW 109 RD.
1.4 CITY-ST-ZIP MIAMI, FL 33176

TITLE VD DELETE
NAME PUSEY, AL
STREET ADDRESS 10515 S.W. 114TH COURT
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME ALLEN, PHYLLIS
STREET ADDRESS 11605 SW 108TH TERRACE
CITY-ST-ZIP MIAMI FL

3.1 TITLE D Change Addition
3.2 NAME LERNER, HERB
3.3 STREET ADDRESS 10709 SW 113 PL
3.4 CITY-ST-ZIP MIAMI, FL 33176

TITLE D/S DELETE
NAME FRIED, MURRAY
STREET ADDRESS 10685-Z S.W. 113T PLACE
CITY-ST-ZIP MIAMI FL

4.1 TITLE D Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD DELETE
NAME BROWN, ARNOLD A.
STREET ADDRESS 11233 SW 112TH STREET
CITY-ST-ZIP MIAMI FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD DELETE
NAME MANGOLD, ROBERT
STREET ADDRESS 11605 S.W. 108TH TERRACE
CITY-ST-ZIP MIAMI FL 33176

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arnold A. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97
Date

305-596-0021
Daytime Phone # 0033068

CR2E037 (9/96)