


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 10999 S.W. 113TH PLACE MIAMI FL 33176	Mailing Address 10999 S.W. 113TH PLACE MIAMI FL 33176
---	---

3. Date Incorporated or Qualified 03/06/1975
4. FEI Number 59-1672018
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	NAME	1.1 TITLE	1.2 NAME
	SD DUTTON, TONY		MARGOLUIS, HOWARD
STREET ADDRESS	11491-B SW 109 RD	1.3 STREET ADDRESS	11225 SW 112 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	NAME	2.1 TITLE	2.2 NAME
	VD PUSEY, AL		DE SENA, FRED
STREET ADDRESS	10515 S.W. 114TH COURT	2.3 STREET ADDRESS	10905-A SW 113 PLACE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	NAME	3.1 TITLE	3.2 NAME
	D LERNER, HERB		YAYLALI, ILKER
STREET ADDRESS	10709 SW 113 PL	3.3 STREET ADDRESS	11491-A SW 109 ROAD
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	NAME	4.1 TITLE	4.2 NAME
	DS FRIED, MURRAY		
STREET ADDRESS	10685-Z S.W. 113T PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
	TD BROWN, ARNOLD A.		
STREET ADDRESS	11233 SW 112TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
	PD MANGOLD, ROBERT		
STREET ADDRESS	11605 S.W. 108TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	6.4 CITY-ST-ZIP	

1.5 CITY-ST-ZIP	1.6 CITY-ST-ZIP
2.5 CITY-ST-ZIP	2.6 CITY-ST-ZIP
3.5 CITY-ST-ZIP	3.6 CITY-ST-ZIP
4.5 CITY-ST-ZIP	4.6 CITY-ST-ZIP
5.5 CITY-ST-ZIP	5.6 CITY-ST-ZIP
6.5 CITY-ST-ZIP	6.6 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Sabal Chase HOA, Inc* *Arnold A. Brown* *11/10/98* *305-591-7721*

CR2E037 (1097)