


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 732059			
1. Entity Name SABAL CHASE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 11981 SW 144 CT 201 MIAMI, FL 33186		Mailing Address 11981 SW 144 CT 201 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
01032006		Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1672018		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 CORAL GABLES, 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISICK, ROBERT	NAME	
STREET ADDRESS	11410 SW 110TH LN	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	100000460698 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DWAYNE	NAME	03/20/06-80020-011 61.25
STREET ADDRESS	10415 SW 114 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIED, MURRAY	NAME	
STREET ADDRESS	10685-Z S.W. 113T PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCARDI, GIOVANNI	NAME	
STREET ADDRESS	11365 - F SW 109 RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGOLD, ROBERT	NAME	
STREET ADDRESS	11605 S.W. 108TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ARNIE	NAME	
STREET ADDRESS	11233 SW 112 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert W. Mangold</i> ROBERT W. MANGOLD		1-16-06 305-596-0021	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
PRESIDENT, SABAL CHASE HOA			