

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **732174** (8)
1. Corporation Name
SABAL CHASE CONDOMINIUM ASSOCIATION (I), INC.



Principal Place of Business: 10999 SW 113TH PLACE MIAMI FL 33176
Mailing Address: 10999 SW 113TH PLACE MIAMI FL 33176

3. Date Incorporated or Qualified: 03/06/1975
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-1672016
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

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

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: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLEN, PHYLLIS	
STREET ADDRESS	11605 S.W. 108TH TER.	
CITY-ST-ZIP	MIAMI, FL.,	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEADER, PATTY	
STREET ADDRESS	11387-A SW 109TH ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERSMAN, JEAN	
STREET ADDRESS	10909-A SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEDUC-WEST, JANINE	
STREET ADDRESS	10953-G S.W. 113TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PUETT, JOAN	
STREET ADDRESS	11522-Z SW 109TH ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPSON, ROBERT	
STREET ADDRESS	10917-G SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAPLAN, PHYLLIS	
1.3 STREET ADDRESS	11467-D SW 109th ROAD	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MEADER, PATTY	
2.3 STREET ADDRESS	11387-A SW 109 ROAD	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LE DUC-WEST, JANINE	
3.3 STREET ADDRESS	10953-G SW 113 PLACE	
3.4 CITY-ST-ZIP	MIAMI, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KAVANUGH	
4.3 STREET ADDRESS	11490-E SW 109 ROAD	
4.4 CITY-ST-ZIP	MIAMI, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FOX-PEREZ, LYN	
5.3 STREET ADDRESS	11499-A SW 109th ROAD	
5.4 CITY-ST-ZIP	MIAMI, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DUTTON, TONY	
6.3 STREET ADDRESS	11491-B SW 109 ROAD	
6.4 CITY-ST-ZIP	MIAMI, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Janine Leduc-West* DATE: 2/7/96 305-598-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)