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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732174

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



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/06/1975
City & State	City & State	4. FEI Number
Zip Country	Zip Country	59-1672016
		Applied For / Not Applicable
		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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, PHYLLIS	1.2 NAME	KAPLAN, PHYLLIS
STREET ADDRESS	11467-D SW 109TH RD	1.3 STREET ADDRESS	11467-D SW 109 RD
CITY-ST-ZIP	MIAMI, FL, 33176	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, MICHELLE	2.2 NAME	AZEL, DANIEL
STREET ADDRESS	11490-E SW 109TH RD	2.3 STREET ADDRESS	11541-B SW 109 RD
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESENA, FRED	3.2 NAME	
STREET ADDRESS	10905-A SW 113TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, SERGIO	4.2 NAME	
STREET ADDRESS	11395-X SW 109TH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNIFFE, CHRIS	5.2 NAME	DECHURCH, GREG
STREET ADDRESS	10925-C SW 109TH RD	5.3 STREET ADDRESS	11490-G SW 109 RD
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAYLALI, ILKER	6.2 NAME	
STREET ADDRESS	11491-G SW 109TH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	6.4 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)(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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Fred DeSena* 2/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)