

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90045 027 ****61.25

DOCUMENT # 732174

1. Entity Name

SABAL CHASE CONDOMINIUM ASSOCIATION (I), INC.

Principal Place of Business

Mailing Address

10999 SW 113TH PLACE
 MIAMI FL 33176

10999 SW 113TH PLACE
 MIAMI FL 33176-3177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1672016

Applied For

Not Applicable

5. Certificate of Status Desired

\$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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, PHYLLIS	
STREET ADDRESS	11467-D SW 109 RD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, AZEL	
STREET ADDRESS	11541-B SW 109 RD.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	P	<input type="checkbox"/> Delete
NAME	DESENA, FRED	
STREET ADDRESS	10905-A SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ABREU, SERGIO	
STREET ADDRESS	11395-X SW 109TH RD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DECHURCH, GREG	
STREET ADDRESS	11490-G SW 109 RD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAYLALI, ILKER	
STREET ADDRESS	11491-G SW 109TH RD	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dutton, Tony	
STREET ADDRESS	11491 SW 109 Rd, B	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Polow, Ed	
STREET ADDRESS	11511-B SW 109 Rd	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dechurch, Greg	
STREET ADDRESS	11490-G SW 109 Rd	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *[Handwritten Signature]*

SIGNATURE REQUIRED *Ferdinand DeSena 2/14/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)