## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 03-03-2005 90173 050 \*\*\*\*61.25 **DOCUMENT #732174** SABÁL CHASE CONDOMINIUM ASSOCIATION (I), INC. TETPYARE Principal Place of Business Mailing Address C/O THE CONTINENTAL GROUP INC C/O THE CONTINENTAL GROUP INC 11981 SW 144 CT #201 11981 SW 144 CT #201 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-1672016 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKRLD INC. 201 ALHAMBRA CIRCLE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1102** CORAL GABLES, FL 33134 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. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Due by May 1, 2005 ...Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 Detete TITLE TITLE ☐ Addition RICCARDI, GIOVANNI NAME NAME 11385-F SW 109 RD STREET ADDRESS STREET ADDRESS MIAMI, FL 33176 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GATTO, DENIS NAME 11498 Z SW 109 RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE Delete 1m F □ Change ☐ Addition DESENA, FRED NAME NAME STREET ADDRESS 10905-A SW 113TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-7IP TITLE VD ☐ Delete Change ☐ Addition GOLD, STANLEY NAME NAME STREET ADDRESS 11395 W SW 109 RD STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-7IP TITLE SD □ Delete THIE ☐ Change ☐ Addition SILVERMAN, LESLIE NAME STREET ADDRESS 11377-W.SW 109 RD STREET ADORESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-7IP -Delete ..... TITLE TITLE . Change ☐ Addition NAME TALL NAME STREET ADDRESS STREET ADDRESS CITY ST. ZIP... 12. 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 attackment with an address, with all other like empowered.

FILED Mar 03, 2005 8:00 am

**Secretary of State**