


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740544** (2)  
1. Corporation Name  
**SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.**



Principal Place of Business <b>12079 SW 131TH AVENUE MIAMI FL 33186 US</b>		Mailing Address <b>C/O THE CONTINENTAL GROUP 12079 S.W. 131ST AVE. MIAMI FL 33186 US</b>		3. Date Incorporated or Qualified <b>09/27/1977</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1801744</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SKRLD, INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Applicable)	
83		84 City	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <del>XX</del> DELETE	1.1 TITLE	P <del>XX</del> Change <input type="checkbox"/> Addition
NAME	LAMB, KAREN	1.2 NAME	Jackson, Claudia
STREET ADDRESS	10721 SW 113TH PLACE	1.3 STREET ADDRESS	10609-Z SW 113th Place
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	SD <del>XX</del> DELETE	2.1 TITLE	SD <del>XX</del> Change <input type="checkbox"/> Addition
NAME	JACKSON, CLAUDIA	2.2 NAME	Murray Fried
STREET ADDRESS	10609-Z SW 113TH PLACE	2.3 STREET ADDRESS	10685-Z SW 113 Place
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <del>XX</del> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, SEYMOUR	3.2 NAME	Lamb, Karen
STREET ADDRESS	10685-Z S.W. 113TH PLACE	3.3 STREET ADDRESS	10721 SW 113th Place
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D <del>XX</del> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDL, LINDA	4.2 NAME	
STREET ADDRESS	10719 SW 113TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, HERB	5.2 NAME	
STREET ADDRESS	10709 SW 113 PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <del>XX</del> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIED, MURRAY	6.2 NAME	
STREET ADDRESS	10685-Z SW 113TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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.

SIGNATURE: X

*Herbert Lerner, V. Pres.* 2/5/98 (305) 596 0021

CR2E037 (10/97)