

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 JAN 23 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01032006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 740544</b> 1. Entity Name SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.					
Principal Place of Business 11981 SW 144 CT SUITE 201 MIAMI, FL 33186 US			Mailing Address 11981 SW 144 CT SUITE 201 MIAMI, FL 33186 US		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip Country			City & State  Zip Country		
4. FEI Number 59-1801744				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  TRIAY, CARLOS ESQ 10570 NW 27 ST SUITE 103 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name <u>SKRLD, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 Alhambra Circle, Suite 201</u> City <u>Coral Gables</u> <b>FL</b> Zip Code <u>33134</u>		
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.  SIGNATURE <u><i>Lisa Kerner</i></u> <u>Lisa Kerner, Secretary</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIED, MURRAY 10685-Z 113TH PL MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARK TARDIE 10701 SW 113 PL UNIT A MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERMUDEZ, YANIRA 1074 SW 113 PLACE MIAMI, FL 331763246	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGENBACH, LEE 10715 SW 113 PL MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, WILLIAM ROUTE 1, BOX 157 ACKERMAN, MS 39735	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOOS, JACQUES 10643 SW 113 PL #D MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, KAREN ROUTE 1, BOX 157 ACKERMAN, MS 39735	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>1/5/2006</u> <small>Date Daytime Phone #</small>	

JAN 25 2006