**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732058 (3)

1. Corporation Name

SABAL CHASE TOWNHOME ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12079 S.W. 131ST AVE.<br>MIAMI FL 33186 | 12079 S.W. 131ST AVE.<br>MIAMI FL 33186 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1975
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1672020 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SIEGFRIED, STEVEN ESQ
201 ALHAMBRA CIRCLE #1102
MIAMI FL 33134

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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 | PD | 11 TITLE | VD | ☒ Change ☐ Addition |
| NAME | MARGOLUIS, HOWARD | 12 NAME | Paul Kaloostian | |
| STREET ADDRESS | 11225 SW 112 ST. | 13 STREET ADDRESS | 10900 S.W. 112th Street | |
| CITY-ST-ZIP | MIAMI FL 33176 | 14 CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | VD | 21 TITLE | TD | ☒ Change ☐ Addition |
| NAME | SCHARBERT, BOB | 22 NAME | Brown, Arnie | |
| STREET ADDRESS | 11133 SW 113 PL. | 23 STREET ADDRESS | 11233 S.W. 112th Street | |
| CITY-ST-ZIP | MIAMI FL 33176 | 24 CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | SD | 31 TITLE | SD | ☒ Change ☐ Addition |
| NAME | BERLEY, JILL | 32 NAME | Schaffer, Tim | |
| STREET ADDRESS | 10555 SW 113 PL. | 33 STREET ADDRESS | 10535 S.W. 112th Place | |
| CITY-ST-ZIP | MIAMI FL 33176 | 34 CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | TD | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | BAYER, STEVE | 42 NAME | Misick, Robert M. | |
| STREET ADDRESS | 11341 SW 111 ST. | 43 STREET ADDRESS | 11232 S.W. 111th Street | |
| CITY-ST-ZIP | MIAMI FL 33176 | 44 CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | D | 51 TITLE | PD | ☐ Change ☐ Addition |
| NAME | LICHTMAN, RANDY | 52 NAME | Margoluis, Howard | |
| STREET ADDRESS | 11337 SW 111 ST. | 53 STREET ADDRESS | 11225 S.W. 112th Street | |
| CITY-ST-ZIP | MIAMI FL 33176 | 54 CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | TURNER, CLARK | 62 NAME | | |
| STREET ADDRESS | 11240 S.W. 111 ST. | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33176 | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Howard W. Margoluis 4/7/95 305 833-2744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0009296