

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732058** (3)

1. Corporation Name

SABAL CHASE TOWNHOME ASSOCIATION, INC.

Principal Place of Business

**12079 S.W. 131ST AVE.
MIAMI FL 33186**

Mailing Address

**12079 S.W. 131ST AVE.
MIAMI FL 33186-6475**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 03/06/1975	3a. Date of Last Report 03/06/1996
4. FEI Number 59-1672020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIEGFRIED, STEVEN ESO 201 ALHAMBRA CIRCLE #1102 MIAMI FL 33134		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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, GLORIA	1.2 NAME	KELLEY, GLORIA
STREET ADDRESS	10564 SW 112TH AVENUE	1.3 STREET ADDRESS	10564 SW 112 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ARNIE	2.2 NAME	BROWN, ARNIE
STREET ADDRESS	11233 S.W. 112TH STREET	2.3 STREET ADDRESS	11233 SW 112 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFER, TIM	3.2 NAME	SCHAFER, TIM
STREET ADDRESS	10535 S.W. 112TH PLACE	3.3 STREET ADDRESS	10535 SW 113 PL
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISICK, ROBERT M	4.2 NAME	
STREET ADDRESS	11232 S.W. 111TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLUIS, HOWARD	5.2 NAME	MARGOLUIS, HOWARD
STREET ADDRESS	11225 S.W. 112TH STREET	5.3 STREET ADDRESS	11225 SW 112 ST
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISICK, ROBERT M	6.2 NAME	
STREET ADDRESS	11232 SW 111TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)