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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90205 026 \*\*\*\*61.25

0028179

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 732058**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

**03/06/1975**

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

9. Name and Address of Current Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIRCLE  
SUITE #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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE  
NAME **KELLEY, GLORIA**  
STREET ADDRESS **10564 SW 112TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE  
NAME **BROWN, ARNIE**  
STREET ADDRESS **11233 S.W. 112TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** ☒ DELETE  
NAME **SCHAFER, TIM**  
STREET ADDRESS **10535 SW 113 PL**  
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE  
NAME **MARGOLUIS, HOWARD**  
STREET ADDRESS **11225 S.W. 112TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/D** ☒ Change ☐ Addition  
1.2 NAME **Ban, Stephan**  
1.3 STREET ADDRESS **11016 SW 112 Ave.**  
1.4 CITY-ST-ZIP **Miami, FL 33176**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VP/D** ☒ Change ☐ Addition  
3.2 NAME **Nichols, Chris**  
3.3 STREET ADDRESS **11217 SW 112 Street**  
3.4 CITY-ST-ZIP **Miami, FL 33176**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Lefkowitz, Joel**  
5.3 STREET ADDRESS **11209 SW 111 Street**  
5.4 CITY-ST-ZIP **Miami, FL 33176**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Leasure, Jennifer**  
6.3 STREET ADDRESS **11325 SW 111 Street**  
6.4 CITY-ST-ZIP **Miami, FL 33176**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**DA Brown, Treasurer** 1/9/99 305-596-0021  
Date Daytime Phone #

CR2E037 (11/98)