FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Mar 06, 1999 8:00 am
Secretary of State
03-06-1999 90024 001 ****61.25

0028197

DOCUMENT # **740544**

1. Corporation Name
SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.

Principal Place of Business	Mailing Address
12079 SW 131TH AVENUE MIAMI FL 33186 US	C/O THE CONTINENTAL GROUP 12079 S.W. 131ST AVE. MIAMI FL 33186 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/27/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1081744 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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
CORAL GABLES 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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, CLAUDIA		1.2 NAME		
STREET ADDRESS	10609 -, SW 113TH THE OLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	MURRARY GRIEDN		2.2 NAME	FRIED, MURRAY	
STREET ADDRESS	10685-Z 113TH PL		2.3 STREET ADDRESS	10685-Z SW 113 PLACE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	LAMB, KAREN		3.2 NAME	THEIMER, JOHN	
STREET ADDRESS	10721 SW 10721 SW 113TH PL		3.3 STREET ADDRESS	10625-D SW 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VD	☒ DELETE	4.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	LERNER, HERB		4.2 NAME	KOLLER, CRAIG	
STREET ADDRESS	10709 SW 113 PL		4.3 STREET ADDRESS	10631-C SW 113 PLACE	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	TAYLOR, KELLY	
STREET ADDRESS			5.3 STREET ADDRESS	10601-C SW 113 PLACE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	HIRSCH, PHYLLIS	
STREET ADDRESS			6.3 STREET ADDRESS	10605-B SW 113 PLACE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL 33176	

CR2E037 (11/98)

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: Craig Koller SIGNATURE REQUIRED 2-18-99 305-596-8922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #