

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732174

1. Entity Name

SABAL CHASE CONDOMINIUM ASSOCIATION (I), INC.

Principal Place of Business

10999 SW 113TH PLACE
MIAMI FL 33176

Mailing Address

10999 SW 113TH PLACE
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1672016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRLD INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DS DUTTON, TONY	<input type="checkbox"/> Delete
STREET ADDRESS	11491 SW 109 RD B	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	DVP POLOW, ED	<input type="checkbox"/> Delete
STREET ADDRESS	11511 B SW 109 RD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	P DESENA, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	10905-A SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	D DECHURCH, GREG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11490 G SW 109 RD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	SD DECHURCH, GREG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11490-G SW 109 RD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	D YAYLALI, ILKER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11491-G SW 109TH RD	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE NAME	VPD Wise, Howard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11309 E SW 109 Rd	
CITY-ST-ZIP	Miami, FL 33176	
TITLE NAME	TD Polow, Ed	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11511 B SW 109 Rd	
CITY-ST-ZIP	Miami, FL 33176	
TITLE NAME	D Gold, Stanley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11395 W SW 109 Rd	
CITY-ST-ZIP	Miami, FL 33176	
TITLE NAME	D Kovanaugh, Michelle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11490 E SW 109 Rd	
CITY-ST-ZIP	Miami, FL 33176	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

916098



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)