

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 050 ****61.25

DOCUMENT # 740544

1. Entity Name

SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.

Principal Place of Business

12079 SW 131TH AVENUE
 MIAMI FL 33186
 US

Mailing Address

~~610 THE CONTINENTAL GROUP
 12079 S.W. 131ST AVE.
 MIAMI FL 33186
 US~~

90 of: MIAMI

*14275 SW 142 AVE.
 MIAMI, FL 33186*

660251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1081744

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SKRLD, INC
 201 ALHAMBRA CIRCLE
 SUITE 1102
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

(NOT: 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, CLAUDIA	
STREET ADDRESS	10609 -, SW 113TH THE OLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIED, MURRAY	
STREET ADDRESS	10685-Z 113TH PL	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THEIMER, JOHN	
STREET ADDRESS	10625-D S.W. 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOLLER, CRAIG	
STREET ADDRESS	10631-C S.W. 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, KELLY	
STREET ADDRESS	10601-C S.W. 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSCH, PHYLLIS	
STREET ADDRESS	10605-B S.W. 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	YANIRA BERMUDEZ, TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1074 SW 113 PL	
CITY-ST-ZIP	MIAMI, FL 33176-3246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *X Craig Koller* **REQUIRED**

6-10-01 (305) 378-0130

CR2E037 (10/00)