

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

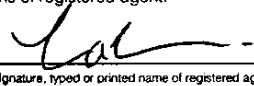
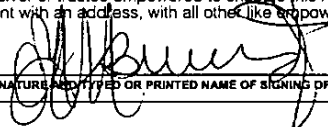
APPROVED
AND
FILED

06 JAN 23 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032006 Chg-NP CR2E037 (11/05)

DOCUMENT # 740544			
1. Entity Name SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.			
Principal Place of Business 11981 SW 144 CT SUITE 201 MIAMI, FL 33186 US		Mailing Address 11981 SW 144 CT SUITE 201 MIAMI, FL 33186 US	
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 59-1801744		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	
TRIAY, CARLOS ESQ 10570 NW 27 ST SUITE 103 MIAMI, FL 33172		Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 201 City Coral Gables FL Zip Code 33134	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Lisa Kerner, Secretary	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIED, MURRAY 10685-Z 113TH PL MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARK TARDIE 10701 SW 113 PL UNIT A MIAMI, FL 33176 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERMUDEZ, YANIRA 1074 SW 113 PLACE MIAMI, FL 331763246 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGENBACH, LEE 10715 SW 113 PL MIAMI, FL 33176 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300065847493 02/14/06--01049--002 **\$1.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, WILLIAM ROUTE 1, BOX 157 ACKERMAN, MS 39735 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOOS, JACQUES 10643 SW 113 PL #D MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, KAREN ROUTE 1, BOX 157 ACKERMAN, MS 39735 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1/5/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

JAN 25 2006