2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

06 JAN 23 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740544

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

Principal Place of Business	Mailing Address
11981 SW 144 CT SUITE 201 MIAMI, FL 33186 US	11981 SW 144 CT SUITE 201 MIAMI, FL 33186 US

01032006 Chg-NP CR2E037 (11/05)

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

TRIAY, CARLOS ESQ
10570 NW 27 ST
SUITE 103
MIAMI, FL 33172

7. Name and Address of New Registered Agent

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 Kemer, Secretary _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 TARDIF 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 **61.25	☐ 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 #