2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #732174

SABAL CHASE CONDOMINIUM ASSOCIATION (I), INC.



FILED Jan 22, 2007 8:00 am Secretary of State

01-22-2007 90107 015 ****61.25

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Principal Place of Business C/O THE CONTINENTAL GROUP INC 11981 SW 144 CT #201 MIAMI, FL 33186		C/O 1198	Mailing Address C/O THE CONTINENTAL GROUP INC 11981 SW 144 CT #201 MIAMI, FL 33186				40004711						
2. Principal Place of Business - No P.O. Box #		3. Mai	3. Mailing Address										
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				1022007	Chg-NP		CR2E0	37 (12/06)		
City & State		Cir	City & State			4.	FO 4070040				pplied For ot Applicable		
Zip	Country	Ziş	0	Cou	ıntry	5.	. Certificate	of Status De	sired		\$8.75 Ad Fee Requin		
	6. Name and Address of Currer	nt Registere	ed Agent			7.	Name and	d Address of	New Re	gistered	Agent		
ekbi b ivi	C				Name								
SKRLD INC 201 ALHAMBRA CIRCLE SUITE 1102			Str			t Address (P.O. Box Number is Not Acceptable)							
CORAL G	ABLES, FL 33134												
	· /				City					Fl	Zip Cod	ie	
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its	egister	ed office or re	egistered a	agent, or bo	oth, in the Stat	e of Flor	ida. I am	familiar with	, and accept	
	•												
SIGNATURE .													
	Signature, typed or printed name of registered age	ent and title if app	plicable. (NOTE	Registere	d Agent signature	required whe	n reinstating)			DATE			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.										
	_						5.00 May to				k payable rtment of \$		
10.	_	DIRECTORS	Trust Fund C			Àd	ded to Fees		Floric	da Depa	rtment of S	State	
10.	Due by May 1, 2007	DIRECTORS	Trust Fund C	ontribut	ion.	ADC	ded to Fees ITIONS/CH	3	Floric	da Depa	rtment of S	State	
TITLE NAME	OFFICERS AND E P RICCARDI, GIOVANNI	DIRECTORS	Trust Fund C	11.	ion.	ADD Phyl	ded to Fees	HANGES TO C	Floric	da Depa	rtment of S	N 10	
TITLE NAME STREET ADDRESS	OFFICERS AND E P RICCARDI, GIOVANNI 11385-F SW 109 RD	DIRECTORS	Trust Fund C	11. TITLI NAM STRE	E SET ADDRESS	Phyl	ded to Fees	HANGES TO C	Florid DFFICER	S AND D	rtment of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICCARDI, GIOVANNI 11385-F SW 109 RD MIAMI, FL 33176	DIRECTORS	Trust Fund C	11. TITLI NAM STRE	E SET ADDRESS	Phyl	ded to Fees	HANGES TO C	Florid DFFICER	S AND D	tRECTORS i	N 10 Addition	
TITLE NAME STREET ADDRESS	OFFICERS AND E P RICCARDI, GIOVANNI 11385-F SW 109 RD	DIRECTORS	Trust Fund C	11. TITLI NAM STRE	E SET ADDRESS	Phyl	ded to Fees	HANGES TO C	Florid DFFICER	S AND D	rtment of S	N 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P RICCARDI, GIOVANNI 11385-F SW 109 RD MIAMI, FL 33176 T GATTO, DENNIS 11498 Z SW 109 RD MIAMI, FL 33176	DIRECTORS	Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM STRE	E SET ADDRESS	Phyl	ded to Fees	HANGES TO C	Florid DFFICER	S AND D	tRECTORS i	N 10 Addition	
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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: