

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732058

**Entity Name:** SABAL CHASE TOWNHOME ASSOCIATION, INC.**Current Principal Place of Business:**SABAL CHASE COMMUNITIES  
10999 SW 113 PL  
MIAMI, FL 33176**Current Mailing Address:**SABAL CHASE COMMUNITIES  
10999 SW 113 PL  
MIAMI, FL 33176**FEI Number:** 59-1672020**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC  
201 ALHAMBRA CIRCLE  
SUITE #1102  
MIAMI, FL 33134 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           STUBBS, SANDRA  
Address        11451 SW 110 LANE  
City-State-Zip: MIAMI FL 33176

Title            DIRECTOR  
Name           ARMSTRONG, TED  
Address        11425 SW 110 LANE  
City-State-Zip: MIAMI FL 33176

Title            TREASURER  
Name           COFFIELD, LEO  
Address        10505 SW 113 PLACE  
City-State-Zip: MIAMI FL 33176

Title            D  
Name           WILLIAMS, PAT  
Address        11463 SW 110 LN  
City-State-Zip: MIAMI FL 33176

Title            VP  
Name           COLINA, EDWARD  
Address        11024 SW 112 AVE  
City-State-Zip: MIAMI FL 33176

Title            DIRECTOR  
Name           SULLIVAN, SCOTT  
Address        11465 SW 110 LN  
City-State-Zip: MIAMI FL 33176

Title            SECRETARY  
Name           MOSER, JAMES  
Address        11226 SW 104 ST  
City-State-Zip: MIAMI FL 33176

Title            VP  
Name           COLINA, EDWARD  
Address        11024 SW 112 AVE  
City-State-Zip: MIAMI FL 33176

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA STUBBS

PRESIDENT

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               SULLIVAN, SCOTT  
Address            11465 SW 110 LN  
City-State-Zip:    MIAMI FL 33176

Title               SECRETARY  
Name               MOSER, JAMES  
Address            11226 SW 104 ST  
City-State-Zip:    MIAMI FL 33176