

2018 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:**C/O FIRSTSERVICE RESIDENTIAL
10999 SW 113 PL
MIAMI, FL 33176 US**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 VP
Name SMITH, JAMES JR.
Address 11333 SW 111 ST
City-State-Zip: MIAMI FL 33176Title PRESIDENT
Name COLINA, EDWARD
Address 11024 SW 112 AVE
City-State-Zip: MIAMI FL 33176Title TREASURER
Name SULLIVAN, SCOTT
Address 11465 SW 110 LN
City-State-Zip: MIAMI FL 33176Title SECRETARY
Name MOSER, JAMES
Address 10548 SW 112 AVE
City-State-Zip: MIAMI FL 33176Title DIRECTOR
Name MCHUGH, MARK
Address 11313 SW 111 ST
City-State-Zip: MIAMI FL 33176Title DIRECTOR
Name CHAMBERS, PATRICIA
Address 10516 SW 112 AVE
City-State-Zip: MIAMI FL 33176Title DIRECTOR
Name BARKER, STEPHEN
Address 11431 SW 110 LN
City-State-Zip: MIAMI FL 33176

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: EDWARD COLINA**PRESIDENT****04/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date