

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732058

**Entity Name:** SABAL CHASE TOWNHOME ASSOCIATION, INC.**Current Principal Place of Business:**SABAL CHASE TOWNHOME ASSN.  
10999 SW 113 PL  
MIAMI, FL 33176**Current Mailing Address:**C/O FPMS  
12964 SW 133RD COURT  
MIAMI, FL 33186 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 DIRECTOR  
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 BARKER, STEPHEN  
Address 11465 SW 110 LN  
City-State-Zip: MIAMI FL 33176Title SECRETARY  
Name HERN, MAURICE  
Address 11455 SW 110 LN  
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 VP  
Name MOSER, JAMES  
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:** COLINA EDWARD

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03/09/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date