

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732059

**Entity Name:** SABAL CHASE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10999 SW 113TH PL  
MIAMI, FL 33176

**Current Mailing Address:**

8200 NW 41 ST  
STE 200  
DORAL, FL 33166 US

**FEI Number:** 59-1672018

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, 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            STROUD, PENNI  
Address        8200 NW 41 ST  
                  STE 200  
City-State-Zip: DORAL FL 33166

Title            VP  
Name            RICCARDI, GIOVANNI  
Address        8200 NW 41 ST  
                  STE 200  
City-State-Zip: DORAL FL 33166

Title            DIRECTOR  
Name            JEDLINKSI, TONY  
Address        8200 NW 41 ST  
                  STE 200  
City-State-Zip: DORAL FL 33166

Title            TREASURER  
Name            CROSS, NICHOLAS L  
Address        8200 NW 41 ST  
                  STE 200  
City-State-Zip: DORAL FL 33166

Title            SECRETARY  
Name            TEFEL , JORGE M  
Address        8200 NW 41 ST  
                  STE 200  
City-State-Zip: DORAL FL 33166

Title            DIRECTOR  
Name            GARCIA LARRIU JR, JOAQUIN  
Address        8200 NW 41 ST  
                  STE 200  
City-State-Zip: DORAL FL 33166

Title            DIRECTOR  
Name            RANDAZZO, LAURA  
Address        8200 NW 41 ST  
                  STE 200  
City-State-Zip: DORAL FL 33166

*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:** PENNI STROUD

**PRESIDENT**

**02/08/2024**

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

\_\_\_\_\_  
Date