

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732174

**FILED**  
**Apr 19, 2018**  
**Secretary of State**  
**CC2302244502**

**Entity Name:** SABAL CHASE CONDOMINIUM ASSOCIATION (I), INC.

**Current Principal Place of Business:**

SABAL CHASE COMMUNITIES  
10999 SW 113TH PL  
MIAMI, FL 33176

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
10999 SW 113TH PL  
MIAMI, FL 33176 US

**FEI Number:** 59-1672016

**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           RICCARDI, GIOVANNI  
Address        10901 SW 117 AVENUE  
City-State-Zip: MIAMI FL 33186

Title           VP, TREASURER  
Name           OLMEDO, JAVIER  
Address        11455 SW 109 RD UNIT A  
City-State-Zip: MIAMI FL 33176

Title           VP  
Name           BATISTA, LOURDES  
Address        10949 SW 113 PL UNIT Z  
City-State-Zip: MIAMI FL 33176

Title           DIRECTOR  
Name           KAPLAN, PHYLLIS  
Address        11467 SW 109 RD UNIT D  
City-State-Zip: MIAMI FL 33176

Title           DIRECTOR  
Name           NAZUR, JACOB  
Address        11543 SW 109 RD UNIT B  
City-State-Zip: MIAMI FL 33176

Title           DIRECTOR  
Name           AGUILAR, ALEXANDER  
Address        11345 SW 109 RD UNIT W  
City-State-Zip: MIAMI FL 33176

Title           DIRECTOR  
Name           GILBERT, LAURA  
Address        10905 SW 113 PL UNIT A  
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:** GIOVANNI RICCARDI

**PRESIDENT**

**04/19/2018**

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

\_\_\_\_\_  
Date