

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732174

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:**SABAL CHASE COMMUNITIES
10999 SW 113TH PL
MIAMI, FL 33176**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 DIRECTOR
Name RICCARDI, GIOVANNI
Address 10901 SW 117 AVENUE
City-State-Zip: MIAMI FL 33176

Title VP
Name TOMBLEY, RACHEL
Address 10949 SW 113 PL UNIT Y
City-State-Zip: MIAMI FL 33176

Title PRESIDENT
Name MANGOLD, ROBERT
Address 11605 SW 108 TERR
City-State-Zip: MIAMI FL 33176

Title TREASURER
Name MCCULLAGH, PETER
Address 10949 SW 113 PL UNIT W
City-State-Zip: MIAMI FL 33176

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

Title DIRECTOR
Name MARTINEZ, HANS
Address 11411 SW 109 RD UNIT X
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name DE LA FUENTE, ALEJANDRO JR.
Address 11459 SW 109 RD UNIT A
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name SILVERMAN, LESLIE
Address 11377 SW 109 RD UNIT W
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: ROBERT MANGOLD

PRESIDENT

02/25/2013

Electronic Signature of Signing Officer/Director Detail_____
Date