

**2023 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:**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	10999 SW 113 PL C/O FIRSTSERVICE RESIDENTIAL
City-State-Zip:	MIAMI FL 33176

Title	SECRETARY
Name	PHILLIPS, ROSANNE
Address	10999 SW 113 PL C/O FIRSTSERVICE RESIDENTIAL
City-State-Zip:	MIAMI FL 33176

Title	VP
Name	GARCIA LARRIU JR., JOAQUIN
Address	C/O FIRSTSERVICE RESIDENTIAL 10999 SW 113TH PL
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	PINZON, IVETTE
Address	C/O FIRSTSERVICE RESIDENTIAL 10999 SW 113TH PL
City-State-Zip:	MIAMI FL 33176

Title	TREASURER
Name	KAPLAN, PHYLLIS
Address	10999 SW 113TH PL C/O FIRSTSERVICE RESIDENTIAL
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	PALACIOS, PABLO
Address	10999 SW 113TH PL C/O FIRSTSERVICE RESIDENTIAL
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

03/01/2023

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