

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732058 (3)

1. Corporation Name

SABAL CHASE TOWNHOME ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12079 S.W. 131ST AVE.
MIAMI FL 33186

12079 S.W. 131ST AVE.
MIAMI FL 33186

95 APR 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/06/1975

3a. Date of Last Report
02/15/1994

4. FEI Number
59-1672020

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGFRIED, STEVEN ESO
201 ALHAMBRA CIRCLE #1102
MIAMI FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARGOLUIS, HOWARD
STREET ADDRESS 11225 SW 112 ST.
CITY - ST - ZIP MIAMI FL 33176

TITLE VD
NAME SCHARBERT, BOB
STREET ADDRESS 11133 SW 113 PL.
CITY - ST - ZIP MIAMI FL 33176

TITLE SD
NAME BEILEY, JILL
STREET ADDRESS 10555 SW 113 PL.
CITY - ST - ZIP MIAMI FL 33176

TITLE TD
NAME BAYER, STEVE
STREET ADDRESS 11341 SW 111 ST.
CITY - ST - ZIP MIAMI FL 33176

TITLE D
NAME LICHTMAN, RANDY
STREET ADDRESS 11337 SW 111 ST.
CITY - ST - ZIP MIAMI FL 33176

TITLE D
NAME TURNER, CLARK
STREET ADDRESS 11240 S.W. 111 ST.
CITY - ST - ZIP MIAMI FL 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME Paul Kaloostian
1.3 STREET ADDRESS 10900 S.W. 112th Street
1.4 CITY - ST - ZIP Miami, FL 33176

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME Brown, Arnie
2.3 STREET ADDRESS 11233 S.W. 112th Street
2.4 CITY - ST - ZIP Miami, FL 33176

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Schaffer, Tim
3.3 STREET ADDRESS 10535 S.W. 112th Place
3.4 CITY - ST - ZIP Miami, FL 33176

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Misick, Robert M.
4.3 STREET ADDRESS 11232 S.W. 111th Street
4.4 CITY - ST - ZIP Miami, FL 33176

5.1 TITLE PD ☐ Change ☐ Addition
5.2 NAME Margoluis, Howard
5.3 STREET ADDRESS 11225 S.W. 112th Street
5.4 CITY - ST - ZIP Miami, FL 33176

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15

Signature Printed