FILE NOW: FILING FEE IS $61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33186-6475

3. Date Incorporated or Qualified: 03/06/1975
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1672020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KELLEY, GLORIA		1.2 NAME	KELLEY, GLORIA	
STREET ADDRESS	10564 SW 112TH AVENUE		1.3 STREET ADDRESS	10564 SW 112 AVE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	TD	☐ DELETE	2.1 TITLE	T/D	☐ Change ☐ Addition
NAME	BROWN, ARNIE		2.2 NAME	BROWN, ARNIE	
STREET ADDRESS	11233 S.W. 112TH STREET		2.3 STREET ADDRESS	11233 SW 112 ST	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	SCHAFFER, TIM		3.2 NAME	SCHAFFER, TIM	
STREET ADDRESS	10535 S.W. 113TH PLACE		3.3 STREET ADDRESS	10535 SW 113 PL	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI,FL	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MISICK, ROBERT M		4.2 NAME		
STREET ADDRESS	11232 S.W. 111TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	P/D	☐ Change ☐ Addition
NAME	MARGOLUIS, HOWARD		5.2 NAME	MARGOLUIS, HOWARD	
STREET ADDRESS	11225 S.W. 112TH STREET		5.3 STREET ADDRESS	11225 SW 112 ST	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MISICK, ROBERT M		6.2 NAME		
STREET ADDRESS	11232 SW 111TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____