

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 732058**

1. Entity Name

SABAL CHASE TOWNHOME ASSOCIATION, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90048 007 ****61.25

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1672020

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE #1102
MIAMI FL 33134**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEPHAN, BAN 11016 SW 112 AVE MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, ARNIE 11233 S.W. 112TH STREET MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NICHOLAS, CHRIS 11217 SW 112 ST MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARGOLUIS, HOWARD 11225 S.W. 112TH STREET MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEFKOWITZ, JOEL 11209 SW 111 STREET MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEASURE, JENNIFER 11325 SW 111 STREET MIAMI FL 33176	☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARNIE BROWN, Treasurer 1/20/01 305-596-0021

CR2E037 (10/00)