

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90191 042 ****61.25

DOCUMENT # 732058	
1. Entity Name SABAL CHASE TOWNHOME ASSOCIATION, INC.	

Principal Place of Business C/O THE CONTINENTAL GROUP INC. 11981 SW 144 CT SUITE 201 MIAMI, FL 33186	Mailing Address C/O THE CONTINENTAL GROUP INC. 11981 SW 144 CT SUITE 201 MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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SKRLD, INC 201 ALHAMBRA CIRCLE SUITE #1102 MIAMI, FL 33134			
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7. Name and Address of New Registered Agent			
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Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code			
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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. I am familiar with, and accept the obligations of registered agent.			
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SIGNATURE _____			
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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Filing Fee is \$61.25 Due by May 1, 2008			
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9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
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Make check payable to Florida Department of State			
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10. OFFICERS AND DIRECTORS			
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TITLE	VPD	☒ Delete
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NAME	GARREN, ROY	
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STREET ADDRESS	11133 SW 113 PL.	
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CITY-ST-ZIP	MIAMI, FL 33176	
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TITLE	TD	☐ Delete
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NAME	BROWN, ARNIE	
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STREET ADDRESS	11233 S.W. 112TH STREET	
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CITY-ST-ZIP	MIAMI, FL	
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TITLE	SD	☐ Delete
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NAME	ARMSTRONG, TED	
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STREET ADDRESS	11425 SW 110 LANE	
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CITY-ST-ZIP	MIAMI, FL 33176	
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TITLE	D	☐ Delete
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NAME	MONTGOMERY, SARA	
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STREET ADDRESS	11225 SW 111 ST.	
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CITY-ST-ZIP	MIAMI, FL 33176	
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TITLE	D	☐ Delete
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NAME	SMITH, JAMES	
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STREET ADDRESS	11333 SW 111 STREET	
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CITY-ST-ZIP	MIAMI, FL 33176	
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TITLE	PD	☒ Delete
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NAME	MISICK, ROBERT	
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STREET ADDRESS	11410 SW 110 LANE	
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CITY-ST-ZIP	MIAMI, FL 33176	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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TITLE	VPD	☐ Change ☒ Addition
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NAME	Edward David Colina	
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STREET ADDRESS	11413 SW 112 ST.	
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CITY-ST-ZIP	MIAMI FL 33176	
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TITLE	VPD	☐ Change ☒ Addition
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NAME	Louise McMorray	
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STREET ADDRESS	10560 SW 112 AV	
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CITY-ST-ZIP	MIAMI FL 33176	
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TITLE	VPD	☐ Change ☒ Addition
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NAME	Leo Coffield	
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STREET ADDRESS	10505 SW 113 PL	
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CITY-ST-ZIP	MIAMI FL 33176	
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TITLE		☐ Change ☐ Addition
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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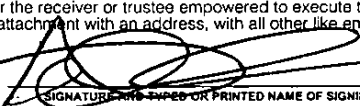
TITLE		☐ Change ☐ Addition
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
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SIGNATURE: 		
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SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
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Date 2/20/08 Daytime Phone # 305-596-0021		
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