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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 732059 (1)

1. Corporation Name

SABAL CHASE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

10999 S.W. 113TH PLACE  
MIAMI FL 33176

Mailing Address

10999 S.W. 113TH PLACE  
MIAMI FL 33176

3. Date Incorporated or Qualified  
03/06/1975

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES 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 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE  
NAME HAUN, MARGARET (PEGG)  
STREET ADDRESS 11419 S.W. 110TH LANE  
CITY- ST- ZIP MIAMI FL

1.1 TITLE SD ☐ Change ☒ Addition  
1.2 NAME Robert M. Misick  
1.3 STREET ADDRESS 11232 SW 111th Street  
1.4 CITY- ST- ZIP

TITLE VD ☐ DELETE  
NAME PUSEY, AL  
STREET ADDRESS 10515 S.W. 114TH COURT  
CITY- ST- ZIP MIAMI FL

2.1 TITLE TD ☐ Change ☒ Addition  
2.2 NAME Arnold A. Brown  
2.3 STREET ADDRESS 11233 SW 112th Street  
2.4 CITY- ST- ZIP

TITLE TD ☒ DELETE  
NAME KAPLAN, PHYLLIS  
STREET ADDRESS 11467-D SW 109 ROAD  
CITY- ST- ZIP MIAMI FL 33176

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Phyllis Allen  
3.3 STREET ADDRESS 11605 SW 108th Terrace  
3.4 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME FRIED, MURRAY  
STREET ADDRESS 10685-Z S.W. 113T PLACE  
CITY- ST- ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE D ☒ DELETE  
NAME MARGOLUIS, HOWARD  
STREET ADDRESS 11225 S.W. 112TH STREET  
CITY- ST- ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE PD ☐ DELETE  
NAME MANGOLD, ROBERT  
STREET ADDRESS 11605 S.W. 108TH TERRACE  
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 119.07(3)(k), 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: X S.A. Pusey J  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

305-596-0021

CR2E037 (12/95)