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FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

10999 S.W. 113TH PLACE  
MIAMI FL 3317610999 S.W. 113TH PLACE  
MIAMI FL 33176-31773. Date Incorporated or Qualified  
03/06/19753a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24 25 29 30

4. FEI Number

59-1672018

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME MISICK, ROBERT M.  
STREET ADDRESS 11232 SW 111TH STREET  
CITY-ST-ZIP MIAMI FL☒ DELETETITLE VD  
NAME PUSEY, AL  
STREET ADDRESS 10515 S.W. 114TH COURT  
CITY-ST-ZIP MIAMI FL☐ DELETETITLE D  
NAME ALLEN, PHYLLIS  
STREET ADDRESS 11605 SW 108TH TERRACE  
CITY-ST-ZIP MIAMI FL☒ DELETETITLE D/S  
NAME FRIED, MURRAY  
STREET ADDRESS 10685-Z S.W. 113T PLACE  
CITY-ST-ZIP MIAMI FL☐ DELETETITLE TD  
NAME BROWN, ARNOLD A.  
STREET ADDRESS 11233 SW 112TH STREET  
CITY-ST-ZIP MIAMI FL☐ DELETETITLE PD  
NAME MANGOLD, ROBERT  
STREET ADDRESS 11605 S.W. 108TH TERRACE  
CITY-ST-ZIP MIAMI FL 33176☐ DELETE1.1 TITLE SD  
1.2 NAME DUTTON, TONY  
1.3 STREET ADDRESS 11491-B SW 109 RD.  
1.4 CITY-ST-ZIP MIAMI, FL 33176☒ Change ☒ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE D  
3.2 NAME LERNER, HERB  
3.3 STREET ADDRESS 10709 SW 113 PL  
3.4 CITY-ST-ZIP MIAMI, FL 33176☒ Change ☒ Addition4.1 TITLE D  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☒ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033068

CR2E037 (9/96)