FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

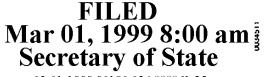
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732059

Corporation Name

SABAL CHASE HOMEOWNERS' ASSOCIATION, INC.



03-01-1999 90180 034 ****61.25

										`
Principal Place of Business Mailing Address						·				 Ic a la (56)
10999 S.W. 113TH PLACE 10999 S.W. 113TH PLACE MIAMI FL 33176 MIAMI FL 33176										
MIAMI FL 33176 MIAMI FL 33176										
						· ·				
							<u> </u>	·	· <u> </u>	
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed				
21		26				03/06/1975				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For 59-1672018 Not Applicable				
22		27								· · · · · ·
City & State)	City & State				5. Certificate of Status Desired				
23		28 7in	Cou	ntr./	 	& Starting Convenient Financing			00 м	
Zîp	Country	Zip	30	i ito y		6. Election Campaign Financing Trust Fund Contribution			led to I	
24	9. Name and Address of Current	29 Registered Agent	30			10. Name and Address of New R	egistered /		00 10	-
	Mame and Address of Current	Logistered Whent		81	Name					
A. (78) B. 1816				╽					-	
SKRLD, IN					Street Addres	ss (P.O. Box Number is Not Accepta	DIO)			ļ
	MBRA CIRCLE			83						
SUITE 110										
CORAL G	ABLES FL 33134			84	City		FL	85	Zip Co	de ·
11 Durcuant	to the provisions of Sections 617 0503	2 and 617 1508 Florida Statut	tes the a	Li bave	e-named corpo	ration submits this statement for the		changing	its re	gistered
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was a ions of, Section 617.0503, Flo	authorized orida Stati	by utes	the corporation	i's board of directors. I hereby accep	t the appoir	itment a	s regis	stered
SIGNATURE							DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					t signature required	ADDITIONS/CHANGES TO OF		D DIRE	CTOR	S IN 12
		DELETE	13.	n e				Cha		Addition
TITLE	D HARDONIUS HOWARD		1.2 N/						•	
NAME	MARGOLUIS, HOWARD				T ADDRESS					
STREET ADDRESS			1	1.4 CITY-ST-ZIP						
CITY-ST-ZIP	MIAMI FL 33176	☐ DELETE	2.1 TI		(-ZIF		· · · · · · · · · · · · · · · · · · ·	Cha	nge	Addition
TITLE	VD		- 1	2 NAME				_		Ì
NAME	rooli, Al			2.3 STREET ADDRESS						Ì
STREET ADDRESS				2. 4 CITY-ST-ZIP						
CITY-ST-ZIP	THE WATER TO			3.1 TITLE				☐ Cha	nge	Addition
TITLE	/ ·			3.1 TILE 3.2 NAME				_	-	_
NAME	LERNER, HERB			3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS	10709 SW 113 PL									1
CITY-ST-ZIP	MIAMI FL DELETE		_	3.4. CITY-ST-ZIP				☐ Cha	nge	Addition
TITLE	DS NUMBER	_		1					•	
NAME	FRIED, MURRAY			4. 2 NAME		•				
STREET ADDRESS	10685-Z S.W. 113T PLACE			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP						
CITY-ST-ZIP	MIAMI FL	☐ DELETE	4.4 CI 5.1 TI		1-211			☐ Cha	nge	Addition
TITLE	TD ADMINISTRA	□ percie	5.1 11 5.2 N/		1				J-	
NAME	BROWN, ARNOLD A.				TADDRESS	•				ļ
STREET ADDRESS			5.4 Ci							
CITY-ST-ZIP	MIAMI FL	DELETE	6.1 TT		r-en-		·	Cha	nge	Addition
TITLE	PD	□ nerele	6.2 N/				•	_ •	··ə-	
NAME	MANGOLD, ROBERT				TADDRESS					
STREET ADDRESS			4							
CITY-ST-ZIP	MIAMI FL 33176		6.4 CI	ITY-S	T-ZIP					

14. 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 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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, of or lan articles, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date ////AC

Daybrie Phone #

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E037 (11/98)