## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Mar 19, 2001 8:00 am DOCUMENT # 732059 **Secretary of State** 1. Entity Name 03-19-2001 90079 045 \*\*\*\*61.25 SABAL CHASE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 12079 SW 131 AVE 12079 SW 131 AVE MIAMI FL 33186 MIAMI FL 33186 00026656 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1672018 Not Applicable --≓ Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SKRLD, INC. 201 ALHAMBRA CIRCLE **SUITE 1102 CORAL GABLES FL 33134** City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE **▼** Delete TITLE ☐ Change \*\*\*Addition **VPD** NAMÈ MARGOLUIS, HOWARD NAME Robert Misick STREET ADDRESS STREET ADDRESS 11225 SW 112 ST 11410 SW 110 Lape CITY-ST-7IP CITY-ST-ZIP MIAMI FL\_33176 TITLE VD. **Z**Delete TITLE ☐ Change **凇** Addition NAME NAME PUSEY, AL **Howard** Wise STREET ADDRESS STREET ADDRESS 10515 S.W. 114TH COURT 11309-E SW 109 Rd CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Miami, Fl 33176 TITLE ☐ Delete TITLE ☐ Change X Addition NAME FRIED. MURRAY NAME Ilker Yaylali 11600 SW 107 Terr Miami, Fl 33176 STREET ADDRESS STREET ADDRESS 10685-Z S.W. 113T PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWN, ARNOLD A. NAME STREET ADDRESS STREET ADDRESS 11233 SW 112TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANGOLD, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 11605 S.W. 108TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176**

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

SHE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition