

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90402 047 ****61.25

DOCUMENT # 732059 1. Entity Name SABAL CHASE HOMEOWNERS' ASSOCIATION, INC.				 Green Tra	
Principal Place of Business 12079 SW 131 AVE MIAMI, FL 33186			Mailing Address 12079 SW 131 AVE MIAMI, FL 33186		
2. Principal Place of Business 11981 SW 144 Ct Suite, Apt. #, etc. 201		3. Mailing Address 11981 SW 144 Ct Suite, Apt. #, etc. 201			
City & State Miami, Fl		City & State Miami, Fl		4. FEI Number 59-1672018	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISICK, ROBERT <input type="checkbox"/> Delete 11410 SW 110TH LN MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEADER, PATTY <input checked="" type="checkbox"/> Delete 11387 A SW 109TH ROAD MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRIED, MURRAY <input type="checkbox"/> Delete 10685-Z S.W. 113T PLACE MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dwayne Willis 10415 SW 114 Ct Miami, Fl 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARGOLUIS, HOWARD <input checked="" type="checkbox"/> Delete 11225 SW 112 STREET MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Giovanni Riccardi 11385-F SW 109 Rd. Miami, Fl 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGOLD, ROBERT <input type="checkbox"/> Delete 11605 S.W. 108TH TERRACE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Howard Wise 11309-E SW 109 Rd Miami, Fl 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCARDI, GIOVANNI <input checked="" type="checkbox"/> Delete 11385-F SW 109 RD MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Arnie Brown 11233 SW 112 ST 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

24030704



03222004 Chg-NP CR2E037 (10/03)

FL Zip Code

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

Date _____ Daytime Phone # _____