
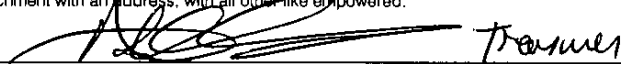


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90052 007 ****61.25

| | | | | | |
|---|--------------------------|--|---|--|--|
| DOCUMENT # 732059 | | | |  | |
| 1. Entity Name SABAL CHASE HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 11981 SW 144 CT 201 MIAMI, FL 33186 | | | Mailing Address 11981 SW 144 CT 201 MIAMI, FL 33186 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1672018 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL 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 Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MISICK, ROBERT | | NAME | Alex Puma | |
| STREET ADDRESS | 11410 SW 110TH LN | | STREET ADDRESS | 10631 SW 113 Pl. C | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIS, DWAYNE | | NAME | Howard Wise | |
| STREET ADDRESS | 10415 SW 114 CT | | STREET ADDRESS | 11309 SW 109 Rd E | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | | |
| NAME | FRIED, MURRAY | | NAME | | |
| STREET ADDRESS | 10685-Z S.W. 113T PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | |
| NAME | RICCARDI, GIOVANNI | | NAME | | |
| STREET ADDRESS | 11385 - F SW 109 RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | |
| NAME | MANGOLD, ROBERT | | NAME | | |
| STREET ADDRESS | 11605 S.W. 108TH TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | |
| NAME | BROWN, ARNIE | | NAME | | |
| STREET ADDRESS | 11233 SW 112 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Tramer 1/12/07 305-596-0021 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |