

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732059

FILED
Jan 30, 2009
Secretary of State

Entity Name: SABAL CHASE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11981 SW 144 CT
201
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11981 SW 144 CT
201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-1672018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WILLIS, DWAYNE
Address: 10415 SW 114 CT
City-St-Zip: MIAMI, FL 33176

Title: DAL () Delete
Name: STROUD, PENNI
Address: 10643 SW 113 PL
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: RICCARDI, GIOVANNI
Address: 11385 - F SW 109 RD
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: MANGOLD, ROBERT,
Address: 11605 S.W. 108TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: BROWN, ARNIE
Address: 11233 SW 112 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MANGOLD

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date