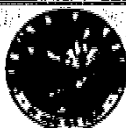


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 10:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 732174 (8)
1. Corporation Name
SABAL CHASE CONDOMINIUM ASSOCIATION (I), INC.

Principal Place of Business Mailing Address
10800 SW 113TH PLACE MIAMI FL 33176 **10800 SW 113TH PLACE MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/06/1975** 3a. Date of Last Report **05/27/1994**
4. FEI Number **59-1672016** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b Suite, Apt. #, etc.
22 City & State 23 City & State
24 Zip 25 Country 26 Zip 27 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	ALLEN, PHYLLIS	11419-D S.W. 109 RD.	MIAMI, FL,
D	LEVENTHAL, MARKHAM	11459-D SW 109TH ROAD	MIAMI FL
VD	MEADER, PATTY	11387-A SW 109 RD	MIAMI FL
T	JESSUP, JOHN	11419-B SW 109TH ROAD	MIAMI FL
S	LE DUC, JANINE	10953-G SW 113TH PLACE	MIAMI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Allen, Phyllis	11605 S.W. 108th Ter.	Miami, FL 33176	☒	☐
VD	Patty Meader	11387-A S.W. 109th Road	Miami, FL 33176	☐	☐
TD	Jean Hersman	10909-A S.W. 113th Place	Miami, FL 33176	☒	☐
SD	Janine LeDuc-West	10953-G S.W. 113th Place	Miami, FL 33176	☒	☐
D	Joan Puett	11522-2 S.W. 109th Road	Miami, FL 33176	☐	☒
D	Robert Hopson	10917-G S.W. 113th Place	Miami, FL 33176	☐	☒

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JEAN M. HERSMAN **JEAN M. HERSMAN**

4/11/95 **4/11/95**

(305) 598-3659 **(305) 598-3659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #