FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
10909 SW 113TH PLACE MIAMI FL 33176	10909 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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD XX Change ☐ Addition
NAME	ALLEN, PHYLLIS	1.2 NAME	Allen, Phyllis
STREET ADDRESS	11419-D S.W. 109 RD.	1.3 STREET ADDRESS	11605 S.W. 108th Ter.
CITY-ST-ZIP	MIAMI, FL.,	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	LEVENTHAL, MARKHAM	2.2 NAME	Patty Meader
STREET ADDRESS	11459-D SW 109TH ROAD	2.3 STREET ADDRESS	11387-A S.W. 109th Road
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	VD	3.1 TITLE	TD XX Change ☐ Addition
NAME	MEADER, PATTY	3.2 NAME	Jean Hersman
STREET ADDRESS	11387-A SW 109 RD	3.3 STREET ADDRESS	10909-A S.W. 113th Place
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	T	4.1 TITLE	SD XX Change ☐ Addition
NAME	JESSUP, JOHN	4.2 NAME	Janine LeDuc-West
STREET ADDRESS	11419-B SW 109TH ROAD	4.3 STREET ADDRESS	10953-G S.W. 113th Place
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	S	5.1 TITLE	D ☐ Change XX Addition
NAME	LE DUC, JANINE	5.2 NAME	Joan Puett
STREET ADDRESS	10953-G SW 113TH PLACE	5.3 STREET ADDRESS	11522-Z S.W. 109th Road
CITY-ST-ZIP	MIAMI	5.4 CITY-ST-ZIP	Miami, FL 33176
TITLE		6.1 TITLE	D ☐ Change XX Addition
NAME		6.2 NAME	Robert Hopson
STREET ADDRESS		6.3 STREET ADDRESS	10917-G S.W. 113th Place
CITY-ST-ZIP		6.4 CITY-ST-ZIP	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 119.07(3)(i), 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 (305) 598-3659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00448N