

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **740544** (2)  
1. Corporation Name  
**SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.**



Principal Place of Business

Mailing Address

12079 S.W. 31ST AVE.  
MIAMI FL 33186  
US

C/O THE CONTINENTAL GROUP  
12079 S.W. 131ST AVE.  
MIAMI FL 33186  
US

3. Date Incorporated or Qualified **09/27/1977** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business 21 <b>12079 SW 131 Avenue</b> 22 Suite, Apt. #, etc. 23 City & State <b>Miami, FL 33186</b> 24 Zip <b>33186</b> 25 Country	2a. Mailing Address 26 <b>C/O THE CONTINENTAL GROUP</b> 27 Suite, Apt. #, etc. 28 City & State 29 Zip <b>33186</b> 30 Country	4. FEI Number <b>59-1801744</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>JACOBSON, KAREN</b> <b>10721 S.W. 113TH PLACE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>P</b> <b>LAMB, KAREN</b> <b>10721 SW 113 PLACE, MIAMI, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JACKSON, CLAUDIA</b> <b>10609-Z S.W. 113TH PLACE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>SD</b> <b>JACKSON, CLAUDIA</b> <b>10609-Z SW 113th PLACE</b> <b>MIAMI, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>HOROWITZ, SEYMOUR</b> <b>10685-Z S.W. 113TH PLACE</b> <b>MIAMI FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D</b> <b>FRIED, MURRAY</b> <b>10685-Z SW 113 PLACE</b> <b>MIAMI, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>SEIDL, LINDA</b> <b>10719 SW 113TH PLACE</b> <b>MAIMI FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>D</b> <b>SEIDL, LINDA</b> <b>10719 SW 113th PLACE</b> <b>MIAMI, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>LENER, HERB</b> <b>10709 SW 113 PL</b> <b>MIAMI FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LOSNER, MEL</b> <b>10649-C S.W. 113TH PLACE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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: Karen Lamb Karen Lamb, President 2/6/96 (305) 596-0021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)