FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 740544

1. Corporation Name

SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.

Principal Place of Business	Mailing Address
12079 SW 131TH AVENUE MIAMI FL 33186 US	C/O THE CONTINENTAL GROUP 12079 S.W. 131ST AVE. MIAMI FL 33186 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/27/1977	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1081744	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired — ☐	**$8.75** Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

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 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 P NAME JACKSON, CLAUDIA STREET ADDRESS 10609 -, SW 113TH THE OLACE CITY-ST-ZIP MIAMI FL 33176	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE SD NAME MURRARY GRIEDN STREET ADDRESS 10685-Z 113TH PL CITY-ST-ZIP MIAMI FL	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/D FRIED, MURRAY 10685-Z SW 113 PLACE MIAMI, FL 33176	☒ Change ☐ Addition
TITLE D NAME LAMB, KAREN STREET ADDRESS 10721 SW 10721 SW 113TH PL CITY-ST-ZIP MIAMI FL 33176	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T/D THEIMER, JOHN 10625-D SW 113 PLACE MIAMI, FL 33176	☐ Change ☒ Addition
TITLE VD NAME LERNER, HERB STREET ADDRESS 10709 SW 113 PL CITY-ST-ZIP MIAMI FL	☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP/D KOLLER, CRAIG 10631-C SW 113 PLACE MIAMI, FL 33176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D TAYLOR, KELLY 10601-C SW 113 PLACE MIAMI, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D HIRSCH, PHYLLIS 10605-B SW 113 PLACE MIAMI, FL 33176	☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _Craig Koller_ ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 2-18-99   Daytime Phone # 305-596-8922

CR2E037 (11/98)