

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 050 ****61.25

DOCUMENT # 740544

1. Entity Name

SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.

Principal Place of Business

12079 SW 131TH AVENUE
 MIAMI FL 33186
 US

Mailing Address

~~610 THE CONTINENTAL GROUP~~
~~12079 S.W. 131ST AVE.~~
~~MIAMI FL 33186~~
~~US~~

906: Miami

14275 SW 142 Ave.

Miami, FL 33186

660251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1081744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **JACKSON, CLAUDIA**
 STREET ADDRESS **10609 - , SW 113TH THE OLACE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **FRIED, MURRAY**
 STREET ADDRESS **10685-Z 113TH PL**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME ~~**THEIMER, JOHN**~~
 STREET ADDRESS ~~**10625-D S.W. 113 PLACE**~~
 CITY-ST-ZIP ~~**MIAMI FL 33176**~~

TITLE ☒ Change ☒ Addition
 NAME **YANIRA BERMUDEZ, TD**
 STREET ADDRESS **1074 SW 113 PL**
 CITY-ST-ZIP **MIAMI, FL 33176-3246**

TITLE **VPD** ☐ Delete
 NAME **KOLLER, CRAIG**
 STREET ADDRESS **10631-C S.W. 113 PLACE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME ~~**TAYLOR, KELLY**~~
 STREET ADDRESS ~~**10601-C S.W. 113 PLACE**~~
 CITY-ST-ZIP ~~**MIAMI FL 33176**~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HIRSCH, PHYLLIS**
 STREET ADDRESS **10605-B S.W. 113 PLACE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental report is true and accurate and that no 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Craig Koller* **REQUIRED**

6-10-01 (205) 378-0130

CR2E037 (10/00)