2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90071 010 ****61.25

DOCUMENT # 740544

1. Entity Name
SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.

Principal Place of Business	Mailing Address
12079 SW 131TH AVENUE MIAMI, FL 33186 US	The Continental Group, C/O ~~MIAMI MANAGEMENT INC~~ ~~14275 SW 142 AVE~~ 11981 SW 141 CT. Suite 201 MIAMI, FL 33186 US The Continental Group Inc.

% 30, 100666666 D &

2. Principal Place of Business	3. Mailing Address
	11981 SW 141 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State	City & State Miami, FL
Zip / Country	Zip 33186 / Country

02252005 Chg-NP CR2E037 (10/03)

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
TRIAY, CARLOS ESQ 10570 NW 27 ST SUITE 103 MIAMI, FL 33172	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRIED, MURRAY 10685-Z 113TH PL MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FRIED, MURRAY 10685-Z 113 PL MIAMI FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERMUDEZ, YANIRA 1074 SW 113 PLACE MIAMI, FL 331763246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D LOOS JACQUES 10643 SW 113 PL #D MIAMI FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FIALKOFF, DAVID 10649-A SW 113 PLACE MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/D. RIGGENBACH, LEE 10715 SW 113 PL MIAMI FL 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLUB, SYDEL 10731 SW 113 PL MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM LAMB Route 1 Box 157 Ackerman - MS 39735	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOOS, JACQUES 10643 SW 113 PL #D MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMB, KAREN Route 1 - Box 157 Ackerman - MS 39735	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D TARDIFF, MARK 10701 SW 113 PL MIAMI FL 33176	☐ Change ☒ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/10/05 305 255-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #