

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732058

Entity Name: SABAL CHASE TOWNHOME ASSOCIATION, INC.**Current Principal Place of Business:**SABAL CHASE TOWNHOME ASSN.
10999 SW 113 PL
MIAMI, FL 33176**Current Mailing Address:**C/O FPMS
12964 SW 133RD COURT
MIAMI, FL 33186 US**FEI Number:** 59-1672020**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE #1102
MIAMI, FL 33134 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DIRECTOR
Name SMITH, JAMES JR.
Address 11333 SW 111 ST
City-State-Zip: MIAMI FL 33176Title PRESIDENT
Name COLINA, EDWARD
Address 11024 SW 112 AVE
City-State-Zip: MIAMI FL 33176Title TREASURER
Name BARKER, STEPHEN
Address 11465 SW 110 LN
City-State-Zip: MIAMI FL 33176Title SECRETARY
Name HERN, MAURICE
Address 11455 SW 110 LN
City-State-Zip: MIAMI FL 33176Title DIRECTOR
Name MCHUGH, MARK
Address 11313 SW 111 ST
City-State-Zip: MIAMI FL 33176Title DIRECTOR
Name CHAMBERS, PATRICIA
Address 10516 SW 112 AVE
City-State-Zip: MIAMI FL 33176Title VP
Name MOSER, JAMES
Address 11431 SW 110 LN
City-State-Zip: MIAMI FL 33176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COLINA EDWARD

P

03/09/2020

Electronic Signature of Signing Officer/Director Detail_____
Date