

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732174

Entity Name: SABAL CHASE CONDOMINIUM ASSOCIATION (I), INC.**Current Principal Place of Business:**10999 SW 113TH PL
MIAMI, FL 33176**Current Mailing Address:**8200 NW 41 ST
STE 200
DORAL, FL 33166 US**FEI Number:** 59-1672016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, 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	PRESIDENT
Name	RICCARDI, GIOVANNI
Address	8200 NW 41 ST STE 200
City-State-Zip:	DORAL FL 33166

Title	VP
Name	GARCIA LARRIU JR., JOAQUIN
Address	8200 NW 41 ST STE 200
City-State-Zip:	DORAL FL 33166

Title	SECRETARY
Name	PINZON , YVETTE
Address	8200 NW 41 ST STE 200
City-State-Zip:	DORAL FL 33166

Title	TREASURER
Name	SHI, JANE
Address	8200 NW 41 ST STE 200
City-State-Zip:	DORAL FL 33166

Title	DIRECTOR
Name	STERENTAL, ESTER
Address	8200 NW 41 ST SUITE. 200
City-State-Zip:	DORAL FL 33166

Title	DIRECTOR
Name	PHILLIPS, ROSANNE
Address	8200 NW 41 ST SUITE. 200
City-State-Zip:	DORAL FL 33166

Title	DIRECTOR
Name	PALACIOS, PABLO
Address	8200 NW 41 ST SUITE. 200
City-State-Zip:	DORAL FL 33166

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: RICCARDI , GIOVANNI

PRESIDENT

01/23/2025

Electronic Signature of Signing Officer/Director Detail_____
Date