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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740600 (2)
1. Corporation Name
STEEPLECHASE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business P.O. BOX 31175 PALM BEACH GARDENS FL 33420	Mailing Address P.O. BOX 31175 PALM BEACH GARDENS FL 33420-1175
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3. Date Incorporated or Qualified 11/02/1977	3a. Date of Last Report 06/06/1996
4. FEI Number 59-1824597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CASEY, PATRICK J
515 NORTH FLAGLER DRIVE
19TH FLOOR
W PALM BCH FL 33401**

10. Name and Address of New Registered Agent
81 Name **GARY FIELDS**
82 Street Address (P.O. Box Number is Not Acceptable)
4400 PGA BLVD, Suite 700
83
84 City **PALM BCH GRDNS FL** 85 Zip Code **33410**

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 617.0903, Florida Statutes.
SIGNATURE **GARY FIELDS** DATE **4/11/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YANIK, GARY	
STREET ADDRESS	8718 MAN-O-WAR RD	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKHURST, PAM	
STREET ADDRESS	5595 SEA BISCUIT	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENAUD, GLEN C.	
STREET ADDRESS	5701 WHIRLAWAY ROAD	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANEL, AMIR	
STREET ADDRESS	8332 MAN-O-WAR ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, PATRICK	
STREET ADDRESS	515 N. FLAGLER DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY DAVID ABIS
2.3 STREET ADDRESS	8265 MAN-O-WAR ROAD
2.4 CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER GLEN RENAUD
3.3 STREET ADDRESS	5701 WHIRLAWAY ROAD
3.4 CITY-ST-ZIP	PALM BCH GRDNS, FL 33418
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT AMIR KANEL
4.3 STREET ADDRESS	8332 MAN-O-WAR ROAD
4.4 CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR MICHAEL TONKS
5.3 STREET ADDRESS	1934 STEEPCCHASE DRIVE
5.4 CITY-ST-ZIP	PALM BECH GRDNS, FL 33418
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **GARY YANIK** DATE: **3/26/97** DAYTIME PHONE: **(561) 694-6924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)