

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90124 027 ****70.00

DOCUMENT # 740600

1. Entity Name

STEEPLECHASE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 31175
 PALM BEACH GARDENS FL 33420

P.O. BOX 31175
 PALM BEACH GARDENS FL 33420

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

59-1824597

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

FIELDS, GARY
4400 PGA BLVD STE 700
19TH FLOOR
PALM BCH GARDENS FL 33401

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.

(NOTE: 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	D	<input type="checkbox"/> Delete
NAME	BARBER, MAUREEN	
STREET ADDRESS	7879 STEEPCCHASE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	V	<input type="checkbox"/> Delete
NAME	KANEL, AMIR	
STREET ADDRESS	8332 MAN-O-WAR ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TONKS, MICHAL	
STREET ADDRESS	7936 STEEPCCHASE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEGER, RUSS	
STREET ADDRESS	BOLD LAD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEIBOWITZ, MICHAEL	
STREET ADDRESS	STEEPCCHASE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANEL, AMIR	
STREET ADDRESS	8332 MAN-O-WAR ROAD	
CITY-ST-ZIP	PBE, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEDRGE FORD	
STREET ADDRESS	5730 STEEPCCHASE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 561 654778

Date

Daytime Phone #

CR2E037 (9/01)