

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06103 (8)
1. Corporation Name

STEEPLECHASE TOWNHOMES OWNERS' ASSN., INC.



Principal Place of Business: **3490 E LAKE RD STE C PALM HARBOR FL 34685 US**
Mailing Address: **PO BOX 1448 PALM HARBOR FL 34682-1448 US**

3. Date Incorporated or Qualified: **11/09/1984**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2469252**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29
Country: 30

9. Name and Address of Current Registered Agent

**SCANNAVINO, DOMINICK
3490 E LAKE RD
STE C
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIULIANO, EDWARD	
STREET ADDRESS	384 BUCKINGHAM PL	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOOTON, RUTH	
STREET ADDRESS	357 STEEPLCHASE LN	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WURTZINGER, ROBERT	
STREET ADDRESS	100 HUNTER CT	
CITY-ST-ZIP	PALM HBR FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RATHER, GWEN	
STREET ADDRESS	220 HUNTER CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALKIN, SEYMOUR	
STREET ADDRESS	350 BUCKINGHAM PLACE	
CITY-ST-ZIP	PALM HARBOR 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/V/P
2.3 STREET ADDRESS	Lucier, Arthur L.
2.4 CITY-ST-ZIP	214 Hunter Court Palm Harbor FL 34684
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Bill Wenzel
3.4 CITY-ST-ZIP	344 Buckingham Place Palm Harbor, FL 34684
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D/S
4.3 STREET ADDRESS	Richard Severson
4.4 CITY-ST-ZIP	100 Hunter Court Palm Harbor, FL 34684
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D/T
5.3 STREET ADDRESS	Malkin, Seymour
5.4 CITY-ST-ZIP	350 Buckingham Place Palm Harbor, FL 34684
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Seymour Malkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 1996
Date Daytime Phone #

CR2E037 (12/95)