

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90153 044 ****61.25

-NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06103

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



2. Principal Place of Business 21 1050 A ELW PKWY	2a. Mailing Address 26 1050 A ELW PKWY	3. Date Incorporated or Qualified 11/09/1984
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2469252
23 City & State OLDSMAR, FL	28 City & State OLDSMAR, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34677	29 Zip 34677	30 Country
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) 1050 A ELW PKWY 83 84 City OLDSMAR FL 85 Zip Code 34677

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]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	D
NAME	GIULIANO, EDWARD	1.2 NAME	
STREET ADDRESS	384 BUCKINGHAM PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD
NAME	BLANKEN, RITA	2.2 NAME	MURRAY SANDRA
STREET ADDRESS	127 STEEPLCHASE LANE	2.3 STREET ADDRESS	172 HUNTER CT.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR, FL
TITLE	D	3.1 TITLE	VD
NAME	CHMARA, THEODORE	3.2 NAME	
STREET ADDRESS	343 BUCKINGHAM PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	SEVERSON, RICHARD	4.2 NAME	
STREET ADDRESS	100 HUNTER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	
NAME	MALKIN, SEYMOUR	5.2 NAME	
STREET ADDRESS	350 BUCKINGHAM PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	DD
NAME		6.2 NAME	BINNIG, BONNIE LOU
STREET ADDRESS		6.3 STREET ADDRESS	112 HUNTER CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALM HARBOR, FL

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED (727) 789-1284
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)