

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90219 036 \*\*\*\*61.25

**DOCUMENT # N06103**

1. Entity Name

**STEEPLECHASE TOWNHOMES OWNERS' ASSN., INC.**

Principal Place of Business

**MANAGEMENT & ASSOC.**  
**1050-A-ELW PKY 33761**  
**US OLDSMAR FL 34677**

Mailing Address

**1050-A-ELW PKY**  
**OLDSMAR FL 34677**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2753 STATE RD 580,**  
**Suite, Apt. #, etc.**  
**207**

3. Mailing Address

**2753 STATE ROAD 580**  
**Suite, Apt. #, etc.**  
**207**

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

4. FEI Number

**59-2469252**

Applied For

Not Applicable

Zip  
**33761**

Country  
**US**

Zip  
**33761**

Country  
**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCANNAVINO, DOMINICK**  
**1050 A ELW PKWY**  
**OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name  
**MAUREEN C. REARDON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2753 STATE ROAD 580, SUITE 207**  
 City  
**CLEARWATER FL** Zip Code  
**33761**

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

**4-27-00**  
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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GIULIANO, EDWARD</b><br><b>384 BUCKINGHAM PL</b><br><b>PALM HARBOR FL</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>MURRAY, SANDRA</b><br><b>172 HUNTER CT</b><br><b>PALM HARBOR FL</b>          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>CHMARA, THEODORE</b><br><b>343 BUCKINGHAM PLACE</b><br><b>PALM HARBOR FL</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT</b><br><b>MALKIN, SEYMOUR</b><br><b>350 BUCKINGHAM PLACE</b><br><b>PALM HARBOR FL</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>BINNING, BONNIE LOU</b><br><b>112 HUNTER CT</b><br><b>PALM HARBOR FL</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>ROCKWOOD BENITA</b><br><b>136 HUNTER COURT</b><br><b>PALM HARBOR, FL 34684</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>BINNING, BONNIE LOU</b><br><b>112 HUNTER CT</b><br><b>PALM HARBOR FL 34684</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Bonnie Lou Binning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-00 727.786.1960**  
Date Daytime Phone #

CR2E037 (9/99)