

2000 CR
DOCUMENT # N16449

1. Entity Name

STEEPLECHASE (POLO CLUB) HOMEOWNERS' ASSOCIATION

Principal Place of Business

5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486-1080

Mailing Address

5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486-1080

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER ROAD
BOCA RATON FL 33486

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10.

OFFICERS AND DIRECTORS

☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
ROBINSON, MYRNA
5377 STEEPLCHASE
BOCA RATON FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
KATZ HARVEY
5441 STEEPLCHASE
BOCA RATON FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTD
DIAMOND, SEYMOUR
5313 STEEPLCHASE
BOCA RATON FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSD
CRANE, ROBERT
5489 STEEPLCHASE
BOCA RATON FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPATD
ABRAMS, WILLIAM
5409 STEEPLCHASE
BOCA RATON FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSD
BUCHWALTER, MAGGI
5281 STEEPLCHASE
BOCA RATON 33496TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
GURIAN, ELIAS
5354 STEEPLCHASE
BOCA RATON 33496D
MARGULIES, SIDNEY
5337 STEEPLCHASE
BOCA RATON 33496

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 signature shall have the same legal effect as if made under oath; that I am an officer 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2734197

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent