FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740600** **(2)**

1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1977**
3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-1824597** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CASEY, PATRICK J
515 NORTH FLAGLER DRIVE
19TH FLOOR
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	YANIK, GARY	12 NAME	
STREET ADDRESS	8718 MAN-O-WAR RD	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PARKHURST, PAM	22 NAME	
STREET ADDRESS	5595 SEA BISCUIT	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☑ Addition
NAME	HALL, WILLIAM	32 NAME	D GLEN C. RENAUD
STREET ADDRESS	8396 NATIVE DANCERE	33 STREET ADDRESS	5701 WHIMAWAY ROAD 33418
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	34 CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	DS	41 TITLE	☐ Change ☑ Addition
NAME	CASEY, PATRICK J	42 NAME	D ARRAHAMS, ALLEN L.
STREET ADDRESS	515 N FLAGLEN 19 FL	43 STREET ADDRESS	5302 SEA BISCUIT RD.
CITY-ST-ZIP	W PALM BCH FL	44 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ARON, JERRY	52 NAME	
STREET ADDRESS	5196 DESERT VIXEN	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Patrick J. Casey 4/15/95 (407)832-5900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICK J. CASEY, SECRETARY

(04/94)