

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 740600 (2)**  
1. Corporation Name  
**STEEPLECHASE PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 31175, PALM BEACH GARDENS FL 33420  
Mailing Address: P.O. BOX 31175, PALM BEACH GARDENS FL 33420

3. Date Incorporated or Qualified: **11/02/1977**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1824597**  
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 (21-24)  
2a. Mailing Address (25-28)  
City & State (22, 23)  
Zip (24, 25) Country (29, 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 (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YANIK, GARY</b>	1.2 NAME	
STREET ADDRESS	<b>8718 MAN-O-WAR RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GRDNS, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKHURST, PAM</b>	2.2 NAME	
STREET ADDRESS	<b>5595 SEA BISCUIT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GRDNS, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RENAUD, GLEN C.</b>	3.2 NAME	
STREET ADDRESS	<b>5701 WHIRLWAY ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GRDNS, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>ABRAHAMS, ALLEN L.</b></del>	4.2 NAME	<b>AMIR KANEL</b>
STREET ADDRESS	<del><b>5302 SEA BISCUIT RD.</b></del>	4.3 STREET ADDRESS	<b>8332 MAN-O-WAR RD</b>
CITY-ST-ZIP	<del><b>PALM BEACH GARDENS FL</b></del>	4.4 CITY-ST-ZIP	<b>PALM BCH GRDNS, FL 33418</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARON, JERRY</b>	5.2 NAME	<b>CASDY PATRICK</b>
STREET ADDRESS	<b>5196 DESERT VIXEN</b>	5.3 STREET ADDRESS	<b>515 NO FLAGLER DR</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	5.4 CITY-ST-ZIP	<b>W. PALM BEACH FL 33401</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or in an attachment with an address.

SIGNATURE: *S Z Yanik* PRESIDENT 5/13/96 625-2645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)