

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33420-1175

3. Date Incorporated or Qualified 11/02/1977 3a. Date of Last Report 06/06/1996

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1824597	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input checked="" type="checkbox"/>	
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 GARY FIELDS  
82 Street Address (P.O. Box Number is Not Acceptable) 4100 PGA BLVD, Suite 700  
83  
84 City PALM BCH GRDNS FL 85 Zip Code 33410

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 617.0903, Florida Statutes.  
SIGNATURE GARY FIELDS DATE 4/11/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YANIK, GARY	
STREET ADDRESS	8718 MAN-O-WAR RD	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKHURST, PAM	
STREET ADDRESS	5595 SEA BISCUIT	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENAUD, GLEN C.	
STREET ADDRESS	5701 WHIRLAWAY ROAD	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANEL, AMIR	
STREET ADDRESS	8332 MAN-O-WAR ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, PATRICK	
STREET ADDRESS	515 N. FLAGLER DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID ABIS	
2.3 STREET ADDRESS	8265 MAN-O-WAR ROAD	
2.4 CITY-ST-ZIP	PALM BCH GARDENS, FL 33418	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLEN RENAUD	
3.3 STREET ADDRESS	5701 WHIRLAWAY ROAD	
3.4 CITY-ST-ZIP	PALM BCH GRDNS, FL 33418	
4.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AMIR KANEL	
4.3 STREET ADDRESS	8332 MAN-O-WAR ROAD	
4.4 CITY-ST-ZIP	PALM BCH GARDENS, FL 33418	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL TONKS	
5.3 STREET ADDRESS	1934 STEEPLCHASE DRIVE	
5.4 CITY-ST-ZIP	PALM BECH GRDNS, FL 33418	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: GARY YANIK DATE 3/26/97 DAYTIME PHONE # (561) 694-6924

CR2E037 (9/96)