

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$51.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$246.25

FILED
Oct 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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:

P.O. BOX 31175
 PALM BEACH GARDENS FL 33420

Mailing Address:

P.O. BOX 31175
 PALM BEACH GARDENS FL 33420

21 Principal Place of Business:

26 Mailing Address:

22 Suite, Apt #, etc.:

27 Suite, Apt #, etc.:

23 City & State:

28 City & State:

24 Zip Country:

29 Zip Country:

9. Name and Address of Current Registered Agent

FIELDS, GARY
4400 PGA BLVD STE 700
19TH FLOOR
PALM BCH GARDENS FL 33401

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City:

FL 85 Zip Code:

3. Date Incorporated or Qualified:

11/02/1977

4 FET 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. Is this nonprofit corporation a homeowners' association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

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

Signature, type or print the name of the registered agent and file, if applicable

(NOTE: Registered Agent signature required when translating)

DATE

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12. TITLE	PD	[] DELETE
NAME	YANIK, GARY	
STREET ADDRESS	8718 MAN-O-WAR RD	
CITY-STATE-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	D	[] DELETE
NAME	RENAUD, GLEN C.	
STREET ADDRESS	5701 WHIRLAWAY ROAD	
CITY-STATE-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	D	[] DELETE
NAME	KANEL, AMIR	
STREET ADDRESS	8332 MAN-O-WAR ROAD	
CITY-STATE-ZIP	PALM BEACH GARDENS FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. TITLE	D	[] Change [] Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-STATE-ZIP		
21. TITLE		[] Change [] Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
31. TITLE	PD	[] Change [] Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
41. TITLE	D	[] Change [] Addition
42. NAME	MICHAEL TONKS	
43. STREET ADDRESS	7936 STEEPLCHASE DR	
44. CITY-STATE-ZIP	PBG FL 33418	
51. TITLE	D	[] Change [] Addition
52. NAME	CHARLES BARNETT	
53. STREET ADDRESS	8412 NATIVE DANCER RD	
54. CITY-STATE-ZIP	PBG FL 33418	
61. TITLE		[] Change [] Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

14. 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 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: *GW Yanik* GWYANIK 6/30/98 (561)654-7180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)