2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 07, 2004 8:00 am **Secretary of State DOCUMENT # 740600** 1. Entity Name 05-07-2004 90137 023 ****70.00 STEEPLECHASE PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 31175 P.O. BOX 31175 54053617 PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL 33420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1824597 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIELDS, GARY Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD STE 700 19TH FLOOR PALM BCH GARDENS FL 33401 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PRESIDENT Addition TITLE Detete TITLE Change BARBER, MAUREEN AMIR KANEL NAME NAME 7879 STEEPLECHASE DRIVE STREET ADDRESS STEEPLECHASE DR STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-7IP PALM BEACH GARDENS, FL 33418 City-St-7IP ☐ Delete TITLE ☐ Addition SEGER, RUSS NAME NAME **BOLD LAD ROAD** STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete LEIBOWITZ, MICHAEL NAME NAME STEEPLECHASE DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-7/P Addition TITLE ☐ Delete TITLE ☐ Change TADROS, DAVID NAME NAME 8435 MAN-O WAR RD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete HARRON, CLAY NAME 5632 WAR ADMIRAL RD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered 3/27/04

CITY-ST-ZIP

SIGNATURE: 2 NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP