


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 740600				
1. Entity 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		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
FIELDS, GARY 4400 PGA BLVD STE 700 19TH FLOOR PALM BCH GARDENS FL 33401				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)</small>				



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1824597** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P KANEL, AMIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEPLECHASE DR.	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33418	STREET ADDRESS	000000572325 07/25/06-80026-014 70.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LEIBOWITZ, MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEPLECHASE DRIVE	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS TADROS, DAVID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8435 MAN-O WAR RD	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DTS HARROW, CLAY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5632 WAR ADMIRAL RD	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MARRO, PAUL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5569 SEA BISCUIT RD	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33418	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE: 