## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 740600**

1. Entity Name

## STEEPLECHASE PROPERTY OWNERS' ASSOCIATION, INC.



May 01, 2003 8:00 am Secretary of State
05-01-2003 90325 009 \*\*\*\*70.00

Principal Place of Business Mailing Address

P.O. BOX 31175 PALM BEACH GARDENS FL 33420 P.O. BOX 31175

PALM BEACH GARDENS FL 33420

						 		H. BHAHA BARA BUBAR BA		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	de	City & State				J3 1024331			oplied For	
Zip	Country Z			Country				\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
FIELDS, GARY 4400 PGA BLVD STE 700				Street	Street Address (P.O. Box Number is Not Acceptable)					
19TH FLOOR							<del> </del>			
PALM BCH GARDENS FL 33401					City FL Zip Code					
	named actity submits this statement for	ragistared office	or register	ad agent, or both, in			and accept			
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)  DATE										
FILE NOW: FEE IS \$61.25					_	\$5.00 May Be		eck Payable		
53			Trust Fund Contribution.			Added to Fees	Florida De	partment of S	State	
10.	OFFICERS AND DIF	ECTORS.		11.	<del></del>	ADDITIONS/CHANGI	S TO OFFICERS AND	DIRECTORS IN	I 10	
TITLE	D *	101010	Delete	TITLE			& SECTIY	Change	Addition	
NAME	BARBER, MAUREEN		<b>X</b> Duice	NAME		Y HARROW			(A)	
STREET ADDRESS	7879 STEEPLECHASE DRIVE STI			STREET ADDRESS	RESS 5632 WAR ADMIRAL ROAD					
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			CITY-ST-ZIP	PALI	4 BEACH	GANDENS,	FC 334	18	
TITLE	Р		☐ Delete	TITLE	D, T	<i>leasuler</i>		☐ Change	Addition	
NAME	KANEL, AMIR			NAME	DAU	ID TADRO	5	_	ì	
STREET ADDRESS	8332 MAN-O-WAR ROAD			STREET ADDRESS	143	5 MAN-0-	WAL ROAL	) C. 22.4	. #	
CITY-ST-ZIP	PALM BEACH GARDENS FL-3341		- ,	CITY-ST-ZIP -	PAU	h beach g	AMOUNS,			
TITLE	D, VICE PRESIDEN	т.	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	BOLD LAD ROAD			NAME STREET ADDRESS						
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	8		CITY-ST-ZIP	1					
TITLE	D		□ Delete	TITLE				☐ Change	Addition	
NAME	LEIBOWITZ, MICHAEL		☐ Delete	NAME				☐ Change	☐ Vaquiloii	
STREET ADDRESS	STEEPLECHASE DRIVE			STREET ADDRESS						
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	8		CITY-ST-ZIP	ſ				ĺ	
TITLE	D		Delete	TITLE			<del></del>	☐ Change	Addition	
NAME	FORD, GEORGE		<b>*</b>	NAME	ŀ					
STREET ADDRESS	5730 STEEPLECAASE DR.		•	STREET ADDRESS					ſ	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	8		CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			<del></del>	☐ Change	☐ Addition	
NAME				NAME	1				}	
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	l e e e e e e e e e e e e e e e e e e e			CITY-ST-7IP	1					

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.

SIGNATURE: