

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90219 036 ****61.25

DOCUMENT # N06103

1. Entity Name

STEEPLECHASE TOWNHOMES OWNERS' ASSN., INC.

Principal Place of Business

MANAGEMENT & ASSOC.
1050-A-ELW PKY 33761
US OLDSMAR FL 34677

Mailing Address

1050-A-ELW PKY
OLDSMAR FL 34677
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2753 STATE RD 580,
Suite, Apt. #, etc.
207

3. Mailing Address

2753 STATE ROAD 580
Suite, Apt. #, etc.
207

City & State
CLEARWATER FL

City & State
CLEARWATER FL

4. FEI Number

59-2469252

Applied For

Not Applicable

Zip
33761

Country
US

Zip
33761

Country
US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
1050 A ELW PKWY
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name
MAUREEN C. REARDON
 Street Address (P.O. Box Number is Not Acceptable)
2753 STATE ROAD 580, SUITE 207
 City
CLEARWATER FL Zip Code
33761

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.

SIGNATURE *Maureen C. Reardon*

4-27-00

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIULIANO, EDWARD 384 BUCKINGHAM PL PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, SANDRA 172 HUNTER CT PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHMARA, THEODORE 343 BUCKINGHAM PLACE PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MALKIN, SEYMOUR 350 BUCKINGHAM PLACE PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINNING, BONNIE LOU 112 HUNTER CT PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROCKWOOD BENITA 136 HUNTER COURT PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINNING, BONNIE LOU 112 HUNTER CT PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bonnie Lou Binning*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 727.786.1960

Date

Daytime Phone #

CR2E037 (9/99)