SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15005 (4)

1. Corporation Name
STEEPLECHASE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8026 STEEPLECHASE BLVD ORLANDO FL 32818 US	8026 STEEPLECHASE BLVD ORLANDO FL 32818 US

3. Date Incorporated or Qualified: 05/20/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 8208 STEEPLECHASE BLVD.
22: Suite, Apt. #, etc.
23: City & State
24: Zip / 25: Country

2a. Mailing Address
26: 8208 STEEPLECHASE BLVD
27: Suite, Apt. #, etc.
28: City & State
29: Zip / 30: Country

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CASS, C.R.
8026 STEEPLECHASE BLVD
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name: MARY ALEXANDER
82 Street Address (P.O. Box Number is Not Acceptable): 8208 STEEPLECHASE BLVD.
83:
84 City: ORLANDO, FL 85 Zip Code: 32818

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: Mary J. Alexander MARY ALEXANDER, PRESIDENT DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
					☐ Change ☒ Addition
TITLE	PD	☒ DELETE	1.1 TITLE	PD	
NAME	CASS, C. R		1.2 NAME	MARY ALEXANDER	
STREET ADDRESS	8026 STEEPLECHASE BLVD		1.3 STREET ADDRESS	8208 STEEPLECHASE BLVD.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32818	
		☐ Change ☒ Addition			
TITLE	D	☐ DELETE	2.1 TITLE	D	
NAME	SCOTT, VALERIE		2.2 NAME	THOMAS RIFFLE	
STREET ADDRESS	4824 PALO CT		2.3 STREET ADDRESS	4936 HURDLE COURT	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
		☐ Change ☒ Addition			
TITLE	D	☒ DELETE	3.1 TITLE	D	
NAME	SALVE, MIKE		3.2 NAME	CURT ANDERSON	
STREET ADDRESS	7901 STEEPLECHASE BLVD		3.3 STREET ADDRESS	8131 STEEPLECHASE BLVD.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL 32819	
		☐ Change ☒ Addition			
TITLE	D	☒ DELETE	4.1 TITLE	D	
NAME	AUMILLER, DEXTER		4.2 NAME	GENE COMBS	
STREET ADDRESS	7912 STEEPLECHASE BLVD		4.3 STREET ADDRESS	8244 STEEPLECHASE BLVD.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO, FL 32819	
		☐ Change ☐ Addition			
TITLE	D	☒ DELETE	5.1 TITLE		
NAME	COLVIN, ED		5.2 NAME		
STREET ADDRESS	8106 STEEPLECHASE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
		☐ Change ☐ Addition			
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Thomas R. Riffle THOMAS R. RIFFLE, DIRECTOR 7-18-96 (407) 852-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004527