

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

08-16-2007 90013 046 \*\*\*\*61.25



<b>DOCUMENT # N15005</b>		1. Entity Name <b>STEEPLECHASE HOMEOWNERS' ASSOCIATION, INC.</b>	
Principal Place of Business 4813 POLO COURT ORLANDO, FL 32818 US		Mailing Address 4813 POLO COURT ORLANDO, FL 32818 US	
2. Principal Place of Business - No P.O. Box # <b>4813 Polo Court</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando</b>		City & State <b>Florida</b>	
Zip <b>32818</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>GUMAN, DAVID 4813 POLO COURT ORLANDO, FL 32818</b>		4. FEI Number <b>59-1824597</b>	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
Name		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> 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 <i>Director Secretary David Guman</i>		DATE <b>8/13/2007</b>	
Filing Fee is <b>\$61.25</b> Due by <b>September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUZMAN, DAVID 4813 POLO COURT ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHERMAN, BLANCH UNFILLED ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete	TITLE <i>Director Treasurer</i> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNFILLED, UNFILLED 4802 HURDLE COURT ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete	TITLE <i>Director</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, BENJAMIN 4826 HURDLE COURT ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMER, BILL 8245 STEEPLCHASE BLVD ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete	TITLE <i>Director</i> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*