

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15005

FILED
Apr 29, 2009
Secretary of State

Entity Name: STEEPLECHASE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4813 POLO COURT
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

4813 POLO COURT
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 59-1824597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUMAN, DAVID
4813 POLO COURT
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: GUZMAN, DAVID
Address: 4813 POLO COURT
City-St-Zip: ORLANDO, FL 32818

Title: DT () Delete
Name: BILL, HAMMER
Address: 8245 STEEPLECHASE BLVD
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: FERRELL, MARY
Address: 8118 STEEPLECHASE BLVD
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: MAXINE, LEE
Address: 4826 HURDLE COURT
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: MOSTELLER, AMY
Address: 8003 STEEPLECHASE BLVD
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GUZMAN

DS

04/29/2009

Electronic Signature of Signing Officer or Director

Date