


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15975 1. Entity Name STEEPLECHASE AT KILLEARN HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3740 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309 US	Mailing Address 3740 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  RANDALL W. SMITH 3746 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUNG, LARRY 3712 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOUTIN, RICHARD 3704 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMIDLEY, DOUGLAS 3705 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RANDALL W 3740 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODSON, KARLA M 3767 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IMHOF, PATRICK 3752 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309

DO NOT WRITE  
IN THIS SPACE

FILED  
04 MAY -3 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2892511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: Randall W. Smith Randall W. Smith 5/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #