


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

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



04202006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent  <b>RANDALL W. SMITH 3746 LONGCHAMP CIRCLE TALLAHASSEE, FL 32309</b>
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000532637  
05/06/06-80094-004 61.25

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 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** Randall W Smith **RANDALL W SMITH** 4-20-06 850-894-0060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #