


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N36819 1. Entity Name STEEPLECHASE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 3081 STEEPLECHASE DR. LAKELAND, FL 33811	Mailing Address P.O. BOX 7112 LAKELAND, FL 33807
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DO NOT WRITE IN THIS SPACE



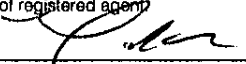
01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3050070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAROTZ, MICHAEL 3081 STEEPLECHASE DR. LAKELAND, FL 33811
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**DO NOT WRITE
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 reconstating) DATE **1/27/08**

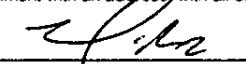
Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAROTZ, MICHAEL 3081 STEEPLECHASE DR. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, SANDY 3023 STEEPLECHASE DR. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGINIS, KAREN 3074 STEEPLECHASE DR. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUERRIN, TIFFANY 3050 STEEPLECHASE DR LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/08-80031-004:61.25

**DO NOT WRITE
IN THIS SPACE**

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:  DATE **1/27/08** DAYTIME PHONE # **863 619 6605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR