

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002955

FILED
Feb 23, 2007
Secretary of State

Entity Name: STEEPLECHASE FARMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3398012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUSAMAN, D. JEFFREY
6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 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: SD () Delete
Name: SCORPIO, DOMENICO
Address: 14616 NW 41ST AVE
City-St-Zip: NEWBERRY, FL 32669

Title: PD () Delete
Name: DELATORRE, CARLOS
Address: 14524 NW 41ST AVE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: WHANN, ELISE
Address: 14317 NW 41ST AVE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: IFJU, PETER
Address: 14506 NW 41ST AVE
City-St-Zip: NEWBERRY, FL 32669

Title: SD (X) Change () Addition
Name: SPENCE, SHEILA
Address: 14704 NW 41ST AVE
City-St-Zip: NEWBERRY, FL 32669

Title: PD (X) Change () Addition
Name: WHANN, ELISE
Address: 14317 NW 41ST AVE
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the 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: ELISE WHANN

P

02/23/2007

Electronic Signature of Signing Officer or Director

Date