2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002955

FILED Mar 12, 2008 Secretary of State

Entity Name: STEEPLECHASE FARMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	/ 1ST PLACE LE, FL 32607	US		
urrent Ma	ailing Address	::	New Mailing Addres	s:
	/ 1ST PLACE .LE, FL 32607	US		
El Number:	59-3398012	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
110-B NW	N, D. JEFFREY 11ST PLACE .LE, FL 32607	us		
110-B NW AINESVIL he above I	/ 1ST PLACE LE, FL 32607	US	ourpose of changing its registere	ed office or registered agent, or both,
110-B NW AINESVIL he above the State	/ 1ST PLACE LE, FL 32607 named entity si of Florida. EE:	US ubmits this statement for the $\mathfrak p$		ed office or registered agent, or both,
110-B NW AINESVIL he above the State	/ 1ST PLACE LE, FL 32607 named entity si of Florida. EE:	US		ed office or registered agent, or both, Date
110-B NW AINESVIL he above I the State IGNATUR	/ 1ST PLACE LE, FL 32607 named entity si of Florida. EE:	US ubmits this statement for the p c Signature of Registered Age	ent	
110-B NW AINESVIL he above I the State IGNATUR	A 1ST PLACE LLE, FL 32607 named entity so of Florida. EE: Electronic AND DIRECT	US ubmits this statement for the p c Signature of Registered Age ORS: Delete AVE	ent	Date
110-B NW AINESVIL he above the State IGNATUR FFICERS ttle: ame: ddress:	A 1ST PLACE LLE, FL 32607 named entity st of Florida. EE: Electronic AND DIRECT D ()I IFJU, PETER 14506 NW 41ST NEWBERRY, FL	US ubmits this statement for the procession of Registered Age CORS: Delete AVE 32669 Delete A AVE AVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ELISE WHANN P 03/12/2008