

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004399

FILED
Apr 25, 2008
Secretary of State

Entity Name: STEEPLECHASE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3525 BUNKER RD
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

3525 BUNKER RD
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 59-3539882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ROBERT M
3525 BUNKER RD
LAKELAND, FL 33811 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: VP () Delete
Name: ROBINSON, JAMES D
Address: 3600 BUNKER DR
City-St-Zip: LAKELAND, FL 33811

Title: PD () Delete
Name: JACKSON, ROBERT M
Address: 3525 BUNKER ROAD
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: MARVIN, GLEN
Address: 10151 DEERWOOD PK BLVD, BLDG 100, STE 330
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: ROBINSON, JAMES D
Address: 3600 BUNKER RD
City-St-Zip: LAKELAND, FL 33811

Title: S () Delete
Name: JACKSON, SUSAN L
Address: 3525 BUNKER ROAD
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: ELMA, MICHAEL
Address: 3625 BUNKER DR
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELMS, MICHAEL
Address: 3625 BUNKER DR
City-St-Zip: LAKELAND, FL 33811

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: JAMES D ROBINSON

VP

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date