


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001399</b> 1. Entity Name <b>STEEPLECHASE SURFACEWATER MANAGEMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>13151 NEWBERRY RD TIOGA, FL 32669</b>			Mailing Address <b>P.O. BOX 13461 GAINESVILLE, FL 32604</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3645317</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DIAZ, ANNALIASE 13151 NEWBERRY ROAD TIEGO, FL 32669</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	DIAZ, LUIS A		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	13151 NEWBERRY RD		000000358003 05/04/05-80097-017 150.00		
CITY-ST-ZIP	TIOGA, FL 32669		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, ANNELIESE		CITY-ST-ZIP		
STREET ADDRESS	13151 NEWBERRY RD		CITY-ST-ZIP		
CITY-ST-ZIP	TIOGA, FL 32669		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPP, VICTOR C		CITY-ST-ZIP		
STREET ADDRESS	13151 NEWBERRY RD		CITY-ST-ZIP		
CITY-ST-ZIP	TIOGA, FL 32669		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNELLA, LUISA		CITY-ST-ZIP		
STREET ADDRESS	13151 NEWBERRY ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	TIEGA, FL 32669		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.					
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>LUIS DIAZ</b>		Date: <b>4/29/05</b> Daytime Phone #: <b>352-331-6220</b>	