


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 746067 1. Entity Name CORONET 300 CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 300 CENTRAL AVE. SAINT PETERSBURG, FL 33701	Mailing Address P.O. BOX 2751 ST PETERSBURG, FL 33731
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DO NOT WRITE IN THIS SPACE



07312006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1979420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, JACK Y. 455 RAFAEL BLVD NE ST PETERSBURG, FL 33704
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000574143 08/11/06-80005-011 61 25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JAMES 455 RAFAEL BLVD NE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIELE, JOSEPH R 2200 COFFEE POT BLVD NE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIELE, CAROL 2200 COFFEE POT 131RD NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 or without other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/1/06 <small>Date</small>	727-894-7387 <small>Daytime Phone #</small>
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