

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:40

DOCUMENT # 759927 (7)

1. Corporation Name
THE 300 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 3347 BOYNTON BCH FL 33424 P O BOX 3347 BOYNTON BCH FL 33424

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/04/1981 3a. Date of Last Report 02/14/1994
4. FEI Number 59-2388155 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 125 Meadows Blvd 26 P.O. Box 3347
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 B 27 B
City & State City & State
23 Boynton Bch Flt 28 Boynton Bch. Flt
Zip Country Zip Country
24 33463 25 FB 29 33424 30 Palm Beach

9. Name and Address of Current Registered Agent
D'ANNA, RONALD E ESQ.
2300 GLADES ROAD
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SO
NAME	STEIN, ANITA
STREET ADDRESS	61 MEADOWS DRIVE
CITY-ST-ZIP	LANTANA FL
TITLE	PD
NAME	ASHWORTH, JERRY
STREET ADDRESS	27 HEATHER COVE DRIVE
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	VD
NAME	SPECHT, MARIE
STREET ADDRESS	239 NW 45 AVE
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	TD
NAME	BARON, DON
STREET ADDRESS	25 DOGWOOD CIRCLE
CITY-ST-ZIP	LANTANA FL
TITLE	D
NAME	TIPPETTS, RICH
STREET ADDRESS	60 E S TEMPLE ST #780
CITY-ST-ZIP	SALT LAKE CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	KAREN CATLOTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jill
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALBERT KAMP
2.3 STREET ADDRESS	10 TEEB DR
2.4 CITY-ST-ZIP	BOYNTON Bch, Flt 33463
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIE SPECHT
3.3 STREET ADDRESS	239 N.W. 45 AVE
3.4 CITY-ST-ZIP	DEER FIELD Bch. Flt
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie Specht *Marie Specht* 12/7/95 9691724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #