

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759927 (7)
1. Corporation Name
THE 300 PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**125 MEADOWS BLVD
BOYNTON BCH FL 33463
US**

Mailing Address
**P O BOX 3347
SUITE B
BOYNTON BCH FL 33424
US**

3. Date Incorporated or Qualified
09/04/1981

3a. Date of Last Report
03/22/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2388155		Applied For Not Applicable	
21	22	26	27	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
Zip		Country		Zip		Country	
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
D'ANNA, RONALD E ESQ. 2300 GLADES ROAD BOCA RATON FL 33431				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP
NAME	KAREN CATLETT	1.2 NAME	MARTIN HELD
STREET ADDRESS	61 MEADOWS DRIVE	1.3 STREET ADDRESS	43 RUTLAND LN
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	LANTANA, FL
TITLE	VP	2.1 TITLE	DIR
NAME	ALBERT KAMP	2.2 NAME	ALBERT KARP T
STREET ADDRESS	101 TEEL DR	2.3 STREET ADDRESS	37 TEAL DR
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	BOYNTON BCH FL
TITLE	P	3.1 TITLE	SECRETARY
NAME	MARIE SPECHT	3.2 NAME	MARIE SPECHT
STREET ADDRESS	239 N.W. 45 AVE	3.3 STREET ADDRESS	239 NW 45 AVE
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	TD	4.1 TITLE	PRES
NAME	BARON, DON	4.2 NAME	BARON, DON
STREET ADDRESS	25 DOGWOOD CIRCLE	4.3 STREET ADDRESS	25 DOGWOOD CIRCLE
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	LANTANA FL
TITLE	D	5.1 TITLE	
NAME	TIPPETTS, RICH	5.2 NAME	
STREET ADDRESS	60 E S TEMPLE ST #780	5.3 STREET ADDRESS	400001887104
CITY-ST-ZIP	SALT LAKE CITY FL	5.4 CITY-ST-ZIP	-07/09/96--01027--017
TITLE		6.1 TITLE	***61.25
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martin Held DATE: 6-11-96 TELEPHONE: 967-6786

CR2E037 (12/95)