


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90081 037 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 759927  
 1. Corporation Name  
 THE 300 PROPERTY OWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
125 Meadows Blvd. Boynton Beach Fl. 33462	Post Office Box 3347 Boynton Beach Fl. 33424

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/04/1981
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2388155
24	25	29
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

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 Patti Heidler Ladwig P.A. 82 Street Address (P.O. Box Number is Not Acceptable) Wellington Country Plaza 83 12765 W. Forest Hill Blvd. St. 1317 84 City Wellington FL 85 Zip Code 33414
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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 Patti Heidler Ladwig Patti Heidler Ladwig 4/12/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President/Director	1.2 NAME	
STREET ADDRESS	Earl Brown	1.3 STREET ADDRESS	→
CITY-ST-ZIP	47 Misty Meadow Drive Boynton Bch. Fl. 33462	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice Pres./Director	2.2 NAME	→
STREET ADDRESS	Albert Federico	2.3 STREET ADDRESS	
CITY-ST-ZIP	303 Andover Court Boynton Beach Fl. 33462	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer/Director	3.2 NAME	→
STREET ADDRESS	Michael Whitley	3.3 STREET ADDRESS	
CITY-ST-ZIP	12 Swallow Drive Boynton Beach Fl. 33462	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary/Director	4.2 NAME	→
STREET ADDRESS	Jo A. Helo	4.3 STREET ADDRESS	
CITY-ST-ZIP	43 Rutland Lane Boynton Beach Fl. 33462	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	5.2 NAME	→
STREET ADDRESS	Rich Tippets	5.3 STREET ADDRESS	
CITY-ST-ZIP	10 S.E. Temple Street Boynton Beach Fl. 33462	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	6.2 NAME	
STREET ADDRESS	Rich Tippets	6.3 STREET ADDRESS	
CITY-ST-ZIP	10 S.E. Temple Street Boynton Beach Fl. 33462	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Michael Whitley Michael Whitley Treasurer March 30, 1999 562-704-2830  
Signature and typed or printed name of signing officer or director Date Daytime Phone #