

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90140 038 ****61.25

DOCUMENT # 759927

1. Entity Name

THE 300 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

125 MEADOWS BLVD
 BOYNTON BCH FL 33463
 US

P O BOX 3347
 SUITE B
 BOYNTON BCH FL 33424-3347
 US

608913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2388155

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADWIG, PATTI H
 WELLINGTON COUNTRY PLAZA
 12765 W FOREST HILL BLVD STE 1317
 WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, EARL	
STREET ADDRESS	47 MISTY MEADOW DR	
CITY-ST-ZIP	BOYNTON BCH FL 33462	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FEDERICO, ALBERT	
STREET ADDRESS	303 ANDOVER CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHITLEY, MICHAEL	
STREET ADDRESS	12 SWALLOW DR	
CITY-ST-ZIP	BOYNTON BCH FL 33462	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HELO, JO A	
STREET ADDRESS	43 RUTLAND LN	
CITY-ST-ZIP	BOYNTON BCH FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIPPETS, RICH	
STREET ADDRESS	10 SE TEMPLE ST	
CITY-ST-ZIP	SALT LAKE CITY UT 84133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brady Myers	
STREET ADDRESS	73 Cedar Circle	
CITY-ST-ZIP	Boynton Beach, Fl. 33436	
TITLE	Scarlett Fave, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	44 Rutland Lane	
STREET ADDRESS	Boynton Beach, Fl. 33436	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl Brown	
STREET ADDRESS	47 Misty Meadow Drive	
CITY-ST-ZIP	Boynton Beach, Fl. 33436	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katrina Gracan	
STREET ADDRESS		
CITY-ST-ZIP	Boynton Beach, Fl. 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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 all other like empowered.

SIGNATURE

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

561-641-9738

Daytime Phone #