

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2002 8:00 am
Secretary of State

02-20-2002 90082 018 ****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
 US

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



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MYERS, BRADY	
STREET ADDRESS	73 CEDAR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	NP PD	<input type="checkbox"/> Delete
NAME	FAVE, SCARLETT	
STREET ADDRESS	44 RUTLAND LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	RD PD	<input type="checkbox"/> Delete
NAME	BROWN, EARL	
STREET ADDRESS	47 MISTY MEADOW DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIPPETS, RICH	
STREET ADDRESS	10 SE TEMPLE ST	
CITY-ST-ZIP	SALT LAKE CITY UT 84133	
TITLE	RD TD	<input type="checkbox"/> Delete
NAME	KATZ, SINDEE	
STREET ADDRESS	163 MEADOWS LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jo Helo	
STREET ADDRESS	45 Rutland Lane	
CITY-ST-ZIP	Boynton Beach, Florida 33436	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 969 6786

Date

Daytime Phone #

CRE037 (9/01)