
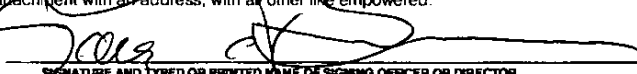


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90101 037 \*\*\*\*61.25

<b>DOCUMENT # 759927</b>							
1. Entity Name THE 300 PROPERTY OWNERS ASSOCIATION, INC.							
Principal Place of Business 125 MEADOWS BLVD BOYNTON BCH, FL 33463 US			Mailing Address 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2388155			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WILLIS, ERNEST W C/O BEACON PROPERTY MGMT, INC. 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LONERGAN, TERRY		NAME	Warner, William			
STREET ADDRESS	45 RUTLAND LANE		STREET ADDRESS	26 Cedar Circle			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach, FL 33436			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FAVE', SCARLETT		NAME	Lindway, Jan			
STREET ADDRESS	44 RUTLAND LANE		STREET ADDRESS	170 Hemming Way			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach, FL 33436			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, EARL		NAME	Brown, Earl			
STREET ADDRESS	47 MISTY MEADOW DRIVE		STREET ADDRESS	47 misty meadow Dr.			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach, FL 33436			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTAMARIA, CARLOS		NAME				
STREET ADDRESS	204 MEADOWS DRIVE		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWSOM, KEVIN		NAME				
STREET ADDRESS	611 MEADOWS CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 life empowered.							
SIGNATURE: 				561-750-0040			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				Daytime Phone #			



03102005 Chg-NP CR2E037 (10/03)