

8-22-97 B-8232 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000286 (2)**

1. Corporation Name

A300 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
5700 NW 71ST TER PARKLAND FL 33067	5700 NW 71ST TER PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 751 Leila	26 751 Leila Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number 58-2229868	Applied For <input type="checkbox"/> Not Applicable
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22	City & State	27	City & State
23 Coral Springs FL		28 Lawrenceville Ga	
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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24 33076	25 Broward	29 30045	30 Gwinnett
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

BERTOLAMI, DENNIS 5700 NW 71ST TER PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name Ross Schiavo	
82 Street Address (P.O. Box Number is Not Acceptable) 751 Leila Lane	
83	
84 City FL	85 Zip Code

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

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	DP	1.1 TITLE	DP
NAME	SCHIABO, ROSS	1.2 NAME	Schiavo Ross
STREET ADDRESS	5700 NW 71ST TER	1.3 STREET ADDRESS	751 Leila Lane
CITY-ST-ZIP	PARKLAND FL 33067	1.4 CITY-ST-ZIP	Lawrenceville Ga 30045
TITLE	DS	2.1 TITLE	
NAME	BERTOLAMI, DENNIS	2.2 NAME	
STREET ADDRESS	5700 NW 71ST TER	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	BERTOLAMI, LINDA	3.2 NAME	
STREET ADDRESS	5700 NW 71ST TER	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE: **Schiavo** 8/18/97 720 687 2215

CP2E037 (4/97)