


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 5700 NW 71ST TER PARKLAND FL 33067	Mailing Address 5700 NW 71ST TER PARKLAND FL 33067
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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 21 751 Leila Suite, Apt. #, etc.	2a. Mailing Address 26 751 Leila Lane Suite, Apt. #, etc.
22 City & State Coral Springs Fla	27 City & State Lawrenceville Ga
24 Zip 33076	25 Country Broward
28 Zip 30045	29 Country Gwinnett

4. FEI Number 58-2229868	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHIAVO, ROSS		1.2 NAME Schiavo Ross	address change
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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ DATE **8/18/97 720 687 2715**

CP2E037 (4/97)