FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 N9600000286

	MENT# 19000	0000200			
1. Corporation Name A300 CONDOMINIUM ASSOCIATION, INC.				[™] 958Ž8 · 9008 <i>f</i> · 3	» قام
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Dissinal Bloop	of Purinees	Mailing Address			
12444 WILES RD 751		751 LEILA LN Lawrenceville ga 3004	15		
03					· •
2 Driveried Blo	one of Business	2a. Mailing Address	<u></u>	3. Date Incorporated or Qualifed	
Principal Place of Business The Principal Place of Business		26		01/16/1996	Applied For
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		4. FEI Number 58-2229868	Not Applicable
22		City & State			\$8.75 Additional
City & State	•	<u></u>		5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30]	10. Name and Address of New Registe	red Agent
	9. Name and Address of Curr	ent Registered Agent	81 Name		
DEDTOL M	MI DEMNIC		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
5700 NW	MI, DENNIS 71st ter				
	D FL 33067		83		
,			84 City		FL 85 Zip Code
			too the shove named o	1. F 1b	a of changing its registered
11. Pursuant	to the provisions of Sections 617.0 egistered agent, or both, in the Sta	ite of Florida. Such change was	authorized by the corpor	corporation submits this statement for the purpo- ration's board of directors. I hereby accept the a	ppointment as registered
agent. I ai	m familiar with, and accept the obli	igations of, Section 617.0505, Fi	Orida Sizidico.		
SIGNATURE	Signature, typed or printed name of registered a	2go.:: 2:	E: Registered Agent signature re	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER.	S AND DIRECTORS IN 12
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO CITTLE IN	Change Addition
TITLE	DP	☐ DELETE	1.1 TITLE 1.2 NAME		
NAME	SCHIAVO, ROSS		1.3 STREET ADDRESS		
STREET ADDRESS	751 LEILA LN LAWRENCEVILLE GA		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	DS DS	☐ DELETE	2.1 TITLE		Change
NAME	BERTOLAMI, DENNIS		2.2 NAME		
STREET ADDRESS	EZON MINI ZICT TED		2.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		2.4 CITY+ST-ZIP		Change C
TITLE	DT	☐ DELETE	3.1 TITLE		 -
NAME	BERTOLAMI, LINDA		3.2 NAME	227 lugleside wa	4
STREET ADDRESS			3.3 STREET ADDRESS	Greaville S.C	29615
CITY-ST-ZIP	PARKLAND FL 33067	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	OTEGO VITTE	☐ Change ☐ *
TITLE		_ 5556.4	4. 2 NAME		<i>i</i>
NAME			4.3 STREET ADDRESS		
STREET ADDRESS	5		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ · · ···
TITLE		☐ DELETE	6.2 NAME		-
NAME			6.3 STREET ADDRESS	1	
PERCET ADDRESS	e i			1	

64 CITY-ST-ZIP

14. 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 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 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 of 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 arr attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/6/99 770 682 3215

FILED Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90087 036 ****61.25