

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90079 036 \*\*\*\*61.25

**DOCUMENT # N96000000286**

1. Entity Name

**A300 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**12444 WILES RD  
 CORAL SPRINGS FL 33076  
 US**

**751 LEILA LN  
 LAWRENCEVILLE GA 30045  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2229868**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERTOLAMI, DENNIS  
 5700 NW 71ST TER  
 PARKLAND FL 33067**

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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHIAVO, ROSS</b>	
STREET ADDRESS	<b>751 LEILA LN</b>	
CITY-ST-ZIP	<b>LAWRENCEVILLE GA</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>BERTOLAMI, DENNIS</b>	
STREET ADDRESS	<b>5700 NW 71ST TER</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>BERTOLAMI, LINDA</b>	
STREET ADDRESS	<b>227 INGLESIDE WAY</b>	
CITY-ST-ZIP	<b>GREENVILLE SC 29615</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

770 682 3215

Daytime Phone #

CR2E037 (9/01)