


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03724 (4)
 1. Corporation Name
ASHLAND E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1081 S. ROGERS CIR BOCA RATON FL 33487-2816	Mailing Address PRIME MANAGEMENT GROUP, INC. 1081 S. ROGERS CIR. BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 06/18/1984	3a. Date of Last Report 03/27/1995
4. FEI Number 59-2425595	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290	2a. Mailing Address Suite, Apt. #, etc. BOCA RATON, FL 33487-8290
23. City & State BOCA RATON, FL 33487-8290	28. City & State
24. Zip 33487	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent SWATT, MYRON I C/O PRIME MANAGEMENT GROUP INC. 1081 S. ROGERS CIR. BOCA RATON FL 33487				10. Name and Address of New Registered Agent	
81. Name MYRON I SWATT	82. Street Address (P.O. Box Number is Not Acceptable) PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD.				
83. City BOCA RATON, FL 33487-8290	84. City BOCA RATON, FL 33487-8290	85. Zip Code FL			

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOLDOFSKY, PHILP.		1.2 NAME PHILIP MOLDOFSKY	
STREET ADDRESS 15090 ASHLAND PL 164		1.3 STREET ADDRESS 15090 ASHLAND PL E-164	
CITY-ST-ZIP DELRAY BCH FL		1.4 CITY-ST-ZIP DELRAY BCH FL 33484	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE 1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EDNA, MOSLEY		2.2 NAME ALBERT WARREN	
STREET ADDRESS 15090 ASHLAND PLACE 165		2.3 STREET ADDRESS 15090 ASHLAND PL E-159	
CITY-ST-ZIP DELRAY BCH FL		2.4 CITY-ST-ZIP DELRAY BCH FL 33484	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EPSTEIN, MICKEY		3.2 NAME NORMAN SELMAN	
STREET ADDRESS 15090 ASHLAND PLACE 160		3.3 STREET ADDRESS 15090 ASHLAND PL E-167	
CITY-ST-ZIP DELRAY BCH FL		3.4 CITY-ST-ZIP DELRAY BCH FL 33484	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KLEINER, HAROLD		4.2 NAME NATALIE CANTER	
STREET ADDRESS 15090 ASHLAND PL 170		4.3 STREET ADDRESS 15090 ASHLAND PL E-179	
CITY-ST-ZIP DELRAY BCH FL		4.4 CITY-ST-ZIP DELRAY BCH FL 33484	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SELMAN, NORMAN		5.2 NAME EDNA MOSLEY	
STREET ADDRESS 15090 ASHLAND PLACE 167		5.3 STREET ADDRESS 15090 ASHLAND PL E-165	
CITY-ST-ZIP DELRAY BEACH FL		5.4 CITY-ST-ZIP DELRAY BCH FL 33484	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE 800001769018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS -04/04/96--01030--007	
CITY-ST-ZIP		6.4 CITY-ST-ZIP ***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **3-13-96** DAYTIME PHONE: **407-882-4102**

CR2E037 (12/95)