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Mar 21 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 # N03724 (4)

1. Corporation Name
ASHLAND E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O PRIME MGMT. GROUP, INC 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290	Mailing Address C/O PRIME MGMT. GROUP, INC 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8229
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3. Date Incorporated or Qualified 06/18/1984	3a. Date of Last Report 04/04/1996
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	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SWATT, MYRON I
C/O PRIME MGMT. GROUP, INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8290**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOLDOFSKY, PHILP.	
STREET ADDRESS	15090 ASHLAND PL 164	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDNA, MOSLEY	
STREET ADDRESS	15090 ASHLAND PLACE 165	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SELMAN, NORMAN	
STREET ADDRESS	15090 ASHLAND PLACE E-179	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CANTER, NATALIE	
STREET ADDRESS	15090 ASHLAND PL E-179	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	1VP	<input type="checkbox"/> DELETE
NAME	WARREN, ALBERT	
STREET ADDRESS	15090 ASHLAND PL E-159	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SELMAN, NORMAN	
1.3 STREET ADDRESS	15090 ASHLAND PL #167	
1.4 CITY-ST-ZIP	DELRAY BCH., FL 33446	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GREENBERG TEDDY	
2.3 STREET ADDRESS	15090 ASHLAND PL #180	
2.4 CITY-ST-ZIP	DELRAY BCH., FL 33446	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WARREN, ALBERT	
3.3 STREET ADDRESS	15090 ASHLAND PL #159	
3.4 CITY-ST-ZIP	DELRAY BCH., FL 33446	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MOSLEY, EDNA	
4.3 STREET ADDRESS	15090 ASHLAND PL #165	
4.4 CITY-ST-ZIP	DELRAY BCH., FL 33446	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MILLER, JACK	
5.3 STREET ADDRESS	15090 ASHLAND PL #156	
5.4 CITY-ST-ZIP	DELRAY BCH., FL 33446	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Norman Selman Pres.* 2/26/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0045151

CR2E037 (9/96)