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04-21-1999 90101 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03724

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 33487-8290



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 06/18/1984 4. FEI Number 59-2425595 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.1 TITLE PD 1.2 NAME SELMAN, NORMAN 1.3 STREET ADDRESS 15090 ASHLAND PL., #167 1.4 CITY-ST-ZIP DELRAY BEACH FL 33484 2.1 TITLE D 2.2 NAME WARREN, ALBERT 2.3 STREET ADDRESS 15090 ASHLAND PL #159 2.4 CITY-ST-ZIP DELRAY BCH FL 33484 3.1 TITLE SD 3.2 NAME MOSLEY, EDNA 3.3 STREET ADDRESS 15090 ASHLAND PL #165 3.4 CITY-ST-ZIP DELRAY BEACH FL 33484 4.1 TITLE YPD 4.2 NAME WARREN, ALBERT 4.3 STREET ADDRESS 15090 Ashland Pl., #159 4.4 CITY-ST-ZIP Delray Beach, FL 33484 5.1 TITLE TD 5.2 NAME SELMAN, SHIRLEY 5.3 STREET ADDRESS 15090 Ashland Place, #183 5.4 CITY-ST-ZIP Delray Sch, FL 33484

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)