

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03724

1. Entity Name

ASHLAND E CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-05-2000 90021 010 ****61.25

Principal Place of Business

Mailing Address

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

C/O PRIME MGMT. GROUP, INC
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487-8229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2425595

Applied For

Not Applicable

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

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

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	PD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, DAVE	
STREET ADDRESS	15090 ASHLAND PL #169	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLIRT, JEROME	
STREET ADDRESS	15090 ASHLAND PL #159	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOSLEY, EDNA	
STREET ADDRESS	15090 ASHLAND PL #185	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WARREN, ALBERT	
STREET ADDRESS	15090 ASHLAND PL #159	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STELMAN, SHIRLEY	
STREET ADDRESS	15090 ASHLAND PL #183	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEROME BLUT	
STREET ADDRESS	15090 ASHLAND PL #159	
CITY-ST-ZIP		
TITLE	SECRETARY T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTRICE SILVERSTEIN	
STREET ADDRESS	15090 Ashland Pl. #152	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY SELMAN	
STREET ADDRESS	15090 ASHLAND PL #183	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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 lists empowered.

SIGNATURE:

Shirley Selman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 561-989-5025
 Date Daytime Phone #

CR2E037 (9/99)