

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

DOCUMENT # **N11778 (0)**

1. Corporation Name

ASHLAND G. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487
Mailing Address: PRIME MANAGEMENT GROUP, INC 1051 S. ROGERS CIR BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 10/29/1985
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 **6300 PARK OF COMMERCE BLVD**
Suite, Apt. #, etc.: 22
City & State: 23 **BOCA RATON FL 33487**
Zip: 24 Country: 25
29

4. FEI Number: 59-2596681
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SWATT, MYRON I. C/O PRIME MANAGEMENT GROUP INC 1051 S. ROGERS CIR BOCA RATON FL 33487
6300 Park of Commerce Blvd 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):
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: _____ (NOTE: Registered Agent signature required when not state agent) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	GREENBERG, BEN	
STREET ADDRESS	15126 ASHLAND ST #242	
CITY- ST- ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/>
NAME	DEVINE, MARION	
STREET ADDRESS	15126 ASHLAND ST #248	
CITY- ST- ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/>
NAME	BLOCK, PHILIP	
STREET ADDRESS	15126 ASHLAND ST #234	
CITY- ST- ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/>
NAME	SELMAN, KOTZEN	
STREET ADDRESS	15126 ASHLAND ST #246	
CITY- ST- ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	BEN GREENBERG		
1.3 STREET ADDRESS	15126 ASHLAND ST G-242		
1.4 CITY- ST- ZIP	DELRAY BEACH FL 33484		
2.1 TITLE	1st VP	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	MARION DEVINE		
2.3 STREET ADDRESS	15126 ASHLAND ST G-248		
2.4 CITY- ST- ZIP	DELRAY BCH FL 33484		
3.1 TITLE	2nd VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	LEO SCHWARTZ		
3.3 STREET ADDRESS	15126 ASHLAND ST G-251		
3.4 CITY- ST- ZIP	DELRAY BEACH FL 33484		
4.1 TITLE	TREASURER	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	PHIL BLOCK		
4.3 STREET ADDRESS	15126 ASHLAND ST G-234		
4.4 CITY- ST- ZIP	DELRAY BEACH FL 33484		
5.1 TITLE	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	SELMA KOTZEN		
5.3 STREET ADDRESS	15126 ASHLAND ST G-246		
5.4 CITY- ST- ZIP	DELRAY BEACH FL 33484		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

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: *Benjamin Greenberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 495-4294
Date: 5/1/96 Date of Filing:

CR2E037 (12/95)