

FILE NOW: FILING FEE IS \$61.25

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**Feb 28 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 # N11778 (0)
 1. Corporation Name
ASHLAND G. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8229 US
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3. Date Incorporated or Qualified 10/29/1985	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

4. FEI Number 59-2596681	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	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number Is Not Acceptable)
83.
84. City
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 type="checkbox"/> DELETE
NAME	GREENBERG, BEN	
STREET ADDRESS	15126 ASHLAND ST #G242	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DEVINE, MARION	
STREET ADDRESS	15126 ASHLAND ST #G248	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLOCK, PHILIP	
STREET ADDRESS	15126 ASHLAND ST #G234	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SELMAN, KOTZEN	
STREET ADDRESS	15126 ASHLAND ST #G246	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, LEO	
STREET ADDRESS	15126 ASHLAND ST #G251	
CITY-ST-ZIP	DELRAY BEACH FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREENBERG, BEN	
1.3 STREET ADDRESS	15126 ASHLAND ST. #242	
1.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEVINE, MARION	
2.3 STREET ADDRESS	15126 ASHLAND ST. #248	
2.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLOCK, PHILIP	
3.3 STREET ADDRESS	15126 ASHLAND ST. #234	
3.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SELMAN, KOTZEN	
4.3 STREET ADDRESS	15126 ASHLAND ST. #246	
4.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
5.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHWARTZ, LEO	
5.3 STREET ADDRESS	15126 ASHLAND ST. #251	
5.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
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: _____ DATE: _____ DAYTIME PHONE # 0045120

CR2E037 (9/96)