


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90063 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS.
---	---	---

DOCUMENT # N11778
 1. Corporation Name
ASHLAND G. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487	Mailing Address C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US
---	---



21. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 10/29/1985
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2596681
23. City & State	2c. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	2d. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENBERG, BEN		1.2 NAME	
STREET ADDRESS 15126 ASHLAND ST #G242		1.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33484		1.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHWARTZ, LEO		2.2 NAME WEISS, LEONARD	
STREET ADDRESS 15126 ASHLAND ST #G251		2.3 STREET ADDRESS 15126 ASHLAND ST. #G245	
CITY-ST-ZIP DELRAY BEACH FL 33484		2.4 CITY-ST-ZIP DELRAY BEACH, FL 33484	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE D Feldman Arlene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELDMAN, ARLENE		3.2 NAME	
STREET ADDRESS 15126 ASHLAND ST #G228		3.3 STREET ADDRESS 15126 Ashland St G228	
CITY-ST-ZIP DELRAY BEACH FL 33484		3.4 CITY-ST-ZIP Delray Bch FL 33484	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOTZEN, SELMA		4.2 NAME	
STREET ADDRESS 15126 ASHLAND ST #G246		4.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33484		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOCK, PHILIP		5.2 NAME	
STREET ADDRESS 15126 ASHLAND ST #G234		5.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33484		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME WIGLER, PHIL	
STREET ADDRESS		6.3 STREET ADDRESS 15126 ASHLAND ST. #G227	
CITY-ST-ZIP		6.4 CITY-ST-ZIP DELRAY BEACH, 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 empowers.

SIGNATURE: **SIGNATURE REQUIRED** *Benjamin Drexler* Date _____ Daytime Phone # _____

CR2E037 (11/98)