

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90111 024 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

20033426



DOCUMENT # N11778 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2596681. Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON I. C/O PRIME MANAGEMENT GROUP INC. 6300 PARK OF COMEMRCE BLVD BOCA RATON, FL 33487				Name ELAINE BLANCO Street Address (P.O. Box Number is Not Acceptable) 15126 ASHLAND ST City DELRAY BCH FL Zip Code 33484	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Elaine Blanco</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/12/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLANCO, ELAINE 15126 ASHLAND STREET DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANITA WEINSTEIN 15126 ASHLAND ST DELRAY BCH FLA 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOTZEN, SELMA 15126 ASHLAND ST #G245 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, ARLINE 15126 ASHLAND ST DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POMMET, DANA 15121 ASHLAND ST. DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANA P. POMMET 15126 ASHLAND ST UNIT G-252 DELRAY BEACH, FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIL, DOROTHY 15126 ASHLAND ST. DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID GOLDSTEIN 15126 ASHLAND ST. DELRAY BEACH, FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGLER, PHIL 15126 ASHLAND ST #G227 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 like empowered.					
SIGNATURE: <i>Elaine Blanco</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/5/05 Daytime Phone # 561-499-5875	