


# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03724** (4)

1. Corporation Name

**ASHLAND E CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

~~1081 S. ROGERS CIR.~~  
**BOCA RATON FL 33487-2816**

Mailing Address

**PRIME MANAGEMENT GROUP, INC.**  
~~1081 S. ROGERS CIR.~~  
**BOCA RATON FL 33487**  
**US**



2. Principal Place of Business

**PRIME MANAGEMENT GROUP, INC.**  
**6300 PARK OF COMMERCE BLVD.**  
**BOCA RATON, FL 33487-8290**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified  
**06/18/1984**

3a. Date of Last Report  
**03/27/1995**

4. FEI Number  
**59-2425595**

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.**  
~~1081 S. ROGERS CIR.~~  
**BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

**MYRON I SWATT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**PRIME MANAGEMENT GROUP, INC.**  
**6300 PARK OF COMMERCE BLVD.**  
**BOCA RATON, FL 33487-8290**  
 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOLDOFSKY, PHILP.	
STREET ADDRESS	15090 ASHLAND PL 164	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDNA, MOSLEY	
STREET ADDRESS	15090 ASHLAND PLACE 165	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EPSTEIN, MICKEY	
STREET ADDRESS	15090 ASHLAND PLACE 160	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KLEINER, HAROLD	
STREET ADDRESS	15090 ASHLAND PL 170	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SELMAN, NORMAN	
STREET ADDRESS	15090 ASHLAND PLACE 167	
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	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PHILIP MOLDOFSKY	
1.3 STREET ADDRESS	15090 ASHLAND PL E-164	
1.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
2.1 TITLE	1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALBERT WARREN	
2.3 STREET ADDRESS	15090 ASHLAND PL E-159	
2.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
3.1 TITLE	treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NORMAN SELMAN	
3.3 STREET ADDRESS	15090 ASHLAND PL E-167	
3.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NATALIE CANTER	
4.3 STREET ADDRESS	15090 ASHLAND PL E-179	
4.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EDNA MOSLEY	
5.3 STREET ADDRESS	15090 ASHLAND PL E-165	
5.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
6.1 TITLE	800001769018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/04/96--01030--007	
6.3 STREET ADDRESS	***61.25	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

407-282-4102

CR2E037 (12/95)