

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 C/O PRIME MGMT. GROUP, INC 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290	Mailing Address C/O PRIME MGMT. GROUP, INC 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290
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3. Date Incorporated or Qualified
06/18/1984

4. FEI Number
59-2425595

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SWATT, MYRON I
C/O PRIME MGMT. GROUP, INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8290

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELMAN, NORMAN	1.2 NAME	SELMAN, NORMAN
STREET ADDRESS	15090 ASHLAND PL., #167	1.3 STREET ADDRESS	15090 ASHLAND PL., #167
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PD D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA, MOSLEY	2.2 NAME	WARREN, ALBERT
STREET ADDRESS	15090 ASHLAND PLACE 165	2.3 STREET ADDRESS	15090 ASHLAND PL # 159
CITY-ST-ZIP	DELRAY BCH FL 33484	2.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, ALBERT	3.2 NAME	GREENBERG, TED
STREET ADDRESS	15090 ASHLAND PL., #159	3.3 STREET ADDRESS	15090 ASHLAND PL. # 180
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, TEDDY	4.2 NAME	ALBOHER, ISAAC
STREET ADDRESS	15090 ASHLAND PL., #180	4.3 STREET ADDRESS	15090 ASHLAND PL # 171
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	1VP <input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, ALBERT	5.2 NAME	MOSLEY, EDNA
STREET ADDRESS	15090 ASHLAND PL E-159	5.3 STREET ADDRESS	15090 ASHLAND PL # 165
CITY-ST-ZIP	DELRAY BCH FL 33484	5.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	MILLER, JACK	6.2 NAME	
STREET ADDRESS	15090 ASHLAND PL., #156	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ (NORMAN SELMAN) 1/19/98

CR2E037 (10/97)