## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N03724

(4)

ASHLAND E CONDOMINIUM ASSOCIATION, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
C/O PRIME MGMT, GROUP, INC		C/O PRIME MGMT. GROUP, INC		3. Date Incorporated or Qualified			
6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290		6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290		06/18/1984			
000/11/1000	5507. 11111011 7 2 05101 0251	1011 10 00101 0200		4. FEI Number	Applied For		
0.0:::15	Lee Mallian Addition	. A days		59-2425595	Not Applicable		
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be		
22		27		Trust Fund Contribution	Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
23	28			☐ Yes ☐ No			
Zìp	Country	Zip	Country Country	У	8. This corporation owes or has paid the cur		
24	[25]	<del></del>	30			_ Yes No	
9. Name and Address of Current Registered Agent  81 Name					10. Name and Address of New Registered	Agent	
				Mairie			
SWATT, MYRON I			82	82 Street Address (P.O. Box Number is Not Acceptable)			
C/O PRIME MGMT. GROUP, INC			83				
6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290							
DUCA F	ATON FE 33467-8290		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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DELETE	13.	Pì		Change Addition	
TITLE	PD SELMAN, NORMAN		1.2 NAME	66	ELMAN, NORMAN	Change D Addition	
NAME	15090 ASHLAND PL., #167			1000000	090 ASHLAND PL, #	+167	
STREET ADDRESS	DELRAY BEACH FL		4	TADDRESS 16	BLRAV BOH , FL	22484	
CITY-ST-ZIP TITLE	D DEGRA BEAGITTE	DELETE	1.4 CITY-1		DONNY EMI., I C	Change Addition	
NAME	EDNA, MOSLEY		2.2 NAME		ARREN, ALBERT	*	
STREET ADDRESS	15090 ASHLAND PLACE 165		2.3 STREE	TADORESS LA	5090 ASHLAND PL #	159	
CITY-ST-ZIP	DELRAY BCH FL 33484		2. 4 CITY-	ST-77P	ELRAY BCH. FL	33484	
TITLE	D	DELETE	3.1 TITLE	<b>6</b> 3	VPD /	☐ Change ☐ Addition	
NAME	WARREN, ALBERT		3.2 NAME	GF	REENBERG, TED		
STREET ADDRESS	15090 ASHLAND PL., #159		3.3 STREE	ء ا	1090 ASHLANO PL. #	<i>† 180</i>	
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY -	ST-ZIP	EURAY POH., FL	33484	
TITLE	VD	DELETE	4.1 TITLE	170	——————————————————————————————————————	☐ Change	
NAME	GREENBERG, TEDDY		4. 2 NAME		LBOHER, ISAAC	-	
STREET ADDRESS	15090 ASHLAND PL., #180		4,3 STREE		5090 ASHLAND PL =	# [7]	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-5		ELRAY BOH. PL	33484	
TITLE	1VP	DELETE	5.1 TITLE	Sī	D ' '	Change Addition	
NAME	Warren, Albert		5.2 NAME	M	OSCEY, EDNA	.,	
STREET ADDRESS	15090 ASHLAND PL E-159		5.3 STREE	ADDRESS (5	OSCEY, EDNA 5090 ASHLAND PL	# 165	
CITY-ST-ZIP	DELRAY BCH FL 33484		5.4 CITY-5		ELRAY RCH. FL	23484	
TITLE	TD	LYOPLETE	6.1 TITLE			Change Addition	
NAME	MILLER, JACK		6.2 NAME				
STREET ADDRESS	15090 ASHLAND PL., #156		6.3 STREET	F ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-\$	ST-ZIP			
14. I hereby of	certify that the information supplied with	this filing does not qualify for	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further ce	rtify 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 it made under oath; that I am a 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.