


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90101 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03724					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/18/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2425595	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWATT, MYRON I C/O PRIME MGMT. GROUP, INC 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SELMAN, NORMAN			1.2 NAME	BERNSTEIN, DAVE		
STREET ADDRESS	15090 ASHLAND PL., #167			1.3 STREET ADDRESS	15090 Ashland Pl., #169		
CITY-ST-ZIP	DELRAY BEACH FL 33484			1.4 CITY-ST-ZIP	Delray Beach, FL 33484		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WARREN, ALBERT			2.2 NAME	BLUT, JEROME		
STREET ADDRESS	15090 ASHLAND PL #159			2.3 STREET ADDRESS	15090 Ashland Place, #159		
CITY-ST-ZIP	DELRAY BCH FL 33484			2.4 CITY-ST-ZIP	Delray Bch, FL 33484		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSLEY, EDNA			3.2 NAME			
STREET ADDRESS	15090 ASHLAND PL #165			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33484			3.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GREENBERG, TED			4.2 NAME	WARREN, ALBERT		
STREET ADDRESS	15090 ASHLAND PL., #180			4.3 STREET ADDRESS	15090 Ashland Pl., #159		
CITY-ST-ZIP	DELRAY BEACH FL 33484			4.4 CITY-ST-ZIP	Delray Beach, FL 33484		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALBOHER, ISAAC			5.2 NAME	SELMAN, SHIRLEY		
STREET ADDRESS	15090 ASHLAND PL #171			5.3 STREET ADDRESS	15090 Ashland Place, #183		
CITY-ST-ZIP	DELRAY BCH FL 33484			5.4 CITY-ST-ZIP	Delray Bch, FL 33484		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)