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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/18/1984
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27	4. FEI Number 59-2425595
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	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 \_\_\_\_\_ 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	DELETED <input checked="" type="checkbox"/>	1.1 TITLE PD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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	DELETED <input checked="" type="checkbox"/>	2.1 TITLE D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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	DELETED <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	DELETED <input checked="" type="checkbox"/>	4.1 TITLE VPD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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	DELETED <input checked="" type="checkbox"/>	5.1 TITLE TD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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	DELETED <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 (1/198)