

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03724

1. Entity Name

ASHLAND E CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-05-2000 90021 010 ****61.25

Principal Place of Business

Mailing Address

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

C/O PRIME MGMT. GROUP, INC
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487-8229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2425595

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. 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

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition

TITLE **PD**
 NAME **BERNSTEIN, DAVE**
 STREET ADDRESS **15090 ASHLAND PL #169**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D**
 NAME **BLIRT, JEROME**
 STREET ADDRESS **15090 ASHLAND PL #159**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE **PRESIDENT T**
 NAME **JEROME BLIRT**
 STREET ADDRESS **15090 ASHLAND PL #159**
 CITY-ST-ZIP _____

TITLE **SD**
 NAME **MOSLEY, EDNA**
 STREET ADDRESS **15090 ASHLAND PL #185**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **SECRETARY T**
 NAME **BATRICE SILVERSTEIN**
 STREET ADDRESS **15090 Ashland Pl. #152**
 CITY-ST-ZIP _____

TITLE **VPD**
 NAME **WARREN, ALBERT**
 STREET ADDRESS **15090 ASHLAND PL #159**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **TD**
 NAME **STELMAN, SHIRLEY**
 STREET ADDRESS **15090 ASHLAND PL #183**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE **TREASURER T**
 NAME **SHIRLEY SELMAN**
 STREET ADDRESS **15090 ASHLAND PL #183**
 CITY-ST-ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE: SHIRLEY SELMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/21/00 Daytime Phone # 561-989-5025

CR2E037 (9/99)