

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90039 002 ****61.25

DOCUMENT # N03724

1. Entity Name

ASHLAND E CONDOMINIUM ASSOCIATION, INC.

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 33487-8290

80050043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2425595

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD ☒ Change ☐ Addition
NAME JEROME BLUT
STREET ADDRESS 15090 ASHLAND PL. #159
CITY-ST-ZIP DELRAY BCH FL 33484

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

TITLE SD ☐ Change ☒ Addition
NAME S. MERSTEIN, BEATRICE
STREET ADDRESS 15090 ASHLAND PL. #152
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE SD ☒ Delete
NAME MOSLEY, EDNA
STREET ADDRESS 15090 ASHLAND PL #165
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE TD ☒ Change ☐ Addition
NAME SEIMAN, Shirley
STREET ADDRESS 15090 ASHLAND PL. #183
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(i), 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)