

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90030 019 ****61.25

0039068

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

80058404



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	<input checked="" type="checkbox"/> Delete
NAME	BLUT, JEROME	
STREET ADDRESS	15090 ASHLAND PL #151	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D BLUT	<input checked="" type="checkbox"/> Delete
NAME	BLIRT, JEROME	
STREET ADDRESS	15090 ASHLAND PL #151	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	SD SILBERSTEIN	<input checked="" type="checkbox"/> Delete
NAME	SINERSTEIN, BEATRICE	
STREET ADDRESS	15090 ASHLAND PL #152	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SELMAN, SHIRLEY	
STREET ADDRESS	15090 ASHLAND PL #167	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIUS BOMZER	
STREET ADDRESS	15090 ASHLAND PL APT 183	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	V. Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDDY GREEN BEAT	
STREET ADDRESS	15090 ASHLAND PL APT 180	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYLIAN ALBATER	
STREET ADDRESS	15090 ASHLAND PL APT 171	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA MOSLEY	
STREET ADDRESS	15090 ASHLAND PL APT 165	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY SELMAN	
STREET ADDRESS	15090 ASHLAND PL 167	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Shirley Selman 3/1/02 496.0217
 Shirley Selman Date Daytime Phone #

CR2E037 (9/01)