



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90033 048 ****61.25

DOCUMENT # N03724				 DEPARTMENT OF REVENUE	
1. Entity 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		03000000	
2. Principal Place of Business		3. Mailing Address		 03032004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2425595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOMZER, JULIUS	NAME			
STREET ADDRESS	15090 ASHLAND PL APT 183	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERT, TEDDY G	NAME	TODDY GREEN BERG		
STREET ADDRESS	15090 ASHLAND PL APT 180	STREET ADDRESS	15090 Ashland Pl apt 180		
CITY-ST-ZIP	DELRAY BCH, FL 33484	CITY-ST-ZIP	Delray Beach FL 33484		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ALBITER, LILLIAN	NAME	D ALBITER LILLIAN		
STREET ADDRESS	15090 ASHLAND PL APT 171	STREET ADDRESS	15090 ASHLAND PL APT 171		
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	DELRAY BEACH FL 33484		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SELMAN, SHIRLEY	NAME			
STREET ADDRESS	15090 ASHLAND PL #167	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH, FL 33484	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSLEY, EDNA	NAME	S GRUBER SYLVIA APT 145		
STREET ADDRESS	15090 ASHLAND PL APT 165	STREET ADDRESS	15090 ASHLAND PL		
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	DELRAY BEACH FL 33484		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLMAN, SHIRELY	NAME			
STREET ADDRESS	15090 ASHLAND PL 167	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	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: <u>Shirley Selma Trees</u>			Date: <u>3/18/04</u> Daytime Phone #: <u>496-0217</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					