


**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90172 023 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N03724</b> 1. Entity Name <b>ASHLAND E CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O PRIME MGMT. GROUP, INC          6300 PARK OF COMMERCE BLVD.          BOCA RATON, FL 33487-8290</b>	Mailing Address <b>C/O PRIME MGMT. GROUP, INC          6300 PARK OF COMMERCE BLVD.          BOCA RATON, FL 33487-8290</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

02252005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2425595</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SWATT, MYRON I          C/O PRIME MGMT. GROUP, INC          6300 PARK OF COMMERCE BLVD.          BOCA RATON, FL 33487-8290</b>	7. Name and Address of New Registered Agent Name <b>Shirley Selman</b> Street Address (P.O. Box Number is Not Acceptable) <b>15090 Ashland Pl #167E</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33484</b>
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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: *Shirley Selman* 4/25/05  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>Filing Fee is \$61.25          Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOMZER, JULIUS</b> <i>Delete</i> <input checked="" type="checkbox"/> Delete <b>15090 ASHLAND PL APT 183</b> <b>DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDNA MOSLEY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>15090 ASHLAND PL #167E</b> <b>DELRAY BEACH FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GREENBERG, TEDDY</b> <i>Delete</i> <input checked="" type="checkbox"/> Delete <b>15090 ASHLAND PL APT 180</b> <b>DELRAY BCH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAROLD KLEINER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>15090 ASHLAND PL #167E</b> <b>DELRAY BEACH FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>ALBOHER, LILLIAN</b> <b>15090 ASHLAND PL APT 171</b> <b>DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>SELMAN, SHIRLEY</b> <b>15090 ASHLAND PL #167E</b> <b>DELRAY BCH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>GRUBOR, SYLVIA</b> <b>15090 ASHLAND PL</b> <b>DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shirley Selman* 4/6/05 561 4960217  
Signature and typed or printed name of signing officer or director Date Daytime Phone