


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 018 ****61.25

DOCUMENT # N03724 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2425595	
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		
SETMAN, SHIRLEY 15090 ASHLAND PLACE, 167E DELRAY BEACH, FL 33484			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, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSLEY, EDNA		NAME		
STREET ADDRESS	15090 ASHLAND PL #165		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEINER, HAROLD		NAME		
STREET ADDRESS	15090 ASHLAND PLACE, #170		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBOHER, LILLIAN		NAME		
STREET ADDRESS	15090 ASHLAND PL APT 171		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	PT	<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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBER, SYLVIA		NAME		
STREET ADDRESS	15090 ASHLAND PL #145		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Shirley Selman Pres.</i>			4/19/07 496-0217		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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