


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

40071483



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04042007 Chg-NP CR2E037 (12/06)

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

Selman
 SETMAN, SHIRLEY
 15090 ASHLAND PLACE, 167E
 DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSLEY, EDNA	
STREET ADDRESS	15090 ASHLAND PL #165	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEINER, HAROLD	
STREET ADDRESS	15090 ASHLAND PLACE, #170	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALBOHER, LILLIAN	
STREET ADDRESS	15090 ASHLAND PL APT 171	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PT	<input type="checkbox"/> Delete
NAME	SELMAN, SHIRLEY	
STREET ADDRESS	15090 ASHLAND PL #167	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRUBOR, SYLVIA	
STREET ADDRESS	15090 ASHLAND PL #145	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: Shirley Selman Pres. Date: 4/19/07 Daytime Phone #: 496-0217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR