


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90180 024 ****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

60033253



04182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2425595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ 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, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, EDNA 15090 ASHLAND PL #165 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINER, HAROLD 15090 ASHLAND PLACE #170 DELRAY BCH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBOHER, LILLIAN 15090 ASHLAND PL APT 171 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SELMAN, SHIRLEY 15090 ASHLAND PL #167 DELRAY BCH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUBER, SYLVIA 15090 ASHLAND PL #145 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____