

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03724

FILED  
Jan 28, 2010  
Secretary of State

**Entity Name:** ASHLAND E CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PRIME MGMT. GROUP, INC  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 334878290

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PRIME MGMT. GROUP, INC  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 334878290

**New Mailing Address:**

FEI Number: 59-2425595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SELMAN, SHIRLEY  
15090 ASHLAND PLACE  
167  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MOSLEY, EDNA  
Address: 15090 ASHLAND PL #165  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: VP  
Name: KLEINER, HAROLD  
Address: 15090 ASHLAND PLACE #170  
City-St-Zip: DELRAY BCH, FL 33484 US

Title: T  
Name: ALBOHER, LILLIAN  
Address: 15090 ASHLAND PL #171  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: P  
Name: SELMAN, SHIRLEY  
Address: 15090 ASHLAND PL #167  
City-St-Zip: DELRAY BCH, FL 33484 US

Title: SEC  
Name: GRUBER, SYLVIA  
Address: 15090 ASHLAND PL #145  
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY SELMAN

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01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date