

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 4: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 730358 (9)

1. Corporation Name

ASHBY "B" CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>08/02/1974</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FBI Number <b>59-1931063</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
ASHBY B #74 DEERFIELD BEACH FL 33442-2820		ASHBY B #74 DEERFIELD BEACH FL 33442-2820	
2. Principal Place of Business	2a. Mailing Address	21	25
Suite, Apt. #, etc	Suite, Apt. #, etc	22	27
City & State	City & State	23	28
Zip	Country	24	30

9. Name and Address of Current Registered Agent

CONDO OWNERS ORG. OF CENTURY VILLAGE E, INC  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

01 Name	05 Zip Code
02 Street Address (P.O. Box Number is Not Acceptable)	FL
03	
04 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and (if) applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD HILL, EDWARD ASHBY -B- 75 DEERFIELD BEACH FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D RICCIO, MARY ASHBY B 61 DEERFIELD BCH, FL 00000
TITLE NAME STREET ADDRESS CITY ST ZIP	D PARENT, EUGENE ASHBY B 63 DEERFIELD BEACH FL
TITLE NAME STREET ADDRESS CITY ST ZIP	DP HAMMOND, MARCEL ASHBY -B-73 DEERFIELD BEACH FL
TITLE NAME STREET ADDRESS CITY ST ZIP	DV COOPERMAN, CONNIE ASHBY B 74 DEERFIELD FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D PHILIP, JOHN D ASHBY B 59 DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>500001474545</b>
13 STREET ADDRESS	<b>-05/04/95--01001--001</b>
14 CITY ST ZIP	<b>**32760.00 ****130.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D RICHARD BERNARD
63 STREET ADDRESS	ASHBY B 70
64 CITY ST ZIP	DEERFIELD BEACH FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in sections 199.03(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARCEL HAMMOND "PRES" Manuel Hammond 02-03-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-421-2867  
0012421