

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730358 (9)
 1. Corporation Name
ASHBY "B" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ASHBY B #74 DEERFIELD BEACH FL 33442-2820	Mailing Address ASHBY B #74 DEERFIELD BEACH FL 33442-2820
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3. Date Incorporated or Qualified 08/02/1974	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1931063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HILL, EDWARD	
STREET ADDRESS	ASHBY -B- 75	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICCIO, MARY	
STREET ADDRESS	ASHBY B 61	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARENT, EUGENE	
STREET ADDRESS	ASHBY B 63	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAMMOND, MARCEL	
STREET ADDRESS	ASHBY -B-73	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COOPERMAN, CONNIE	
STREET ADDRESS	ASHBY B 74	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD, BERNARD	
STREET ADDRESS	ASHBY B 70	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	COOPERMAN, ABE	
13 STREET ADDRESS	ASHBY "B" #74	
14 CITY-ST-ZIP	DEERFIELD BCH, FL	
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	200001797742	
44 CITY-ST-ZIP	-04/29/96--01024--001	
	***15128.75	
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		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

4-27-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Edward Hill* **EDWARD HILL** **02/06/96** **954-424-5760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date Time Phone #)
-TREASR-

CR2E037 (12/95)