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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1931063	Applied For <input type="checkbox"/> Not Applicable

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
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	ANGELL, AUDREY MRS	
STREET ADDRESS	76 ASHBY B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOULOUSE RAYMOND (TOULOUSE)	
1.3 STREET ADDRESS	ASHBY "B" 59	
1.4 CITY-ST-ZIP	DEERFIELD, FLA.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	8000024749 28	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/01/98--01022--010	
5.3 STREET ADDRESS	***15006.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Treasurer **01/13/98** **954.42-5960**

CR2037 (10/97)