

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-18-2003 90478 001 14,700.00
730358

DOCUMENT # 730358

1. Entity Name
ASHBY "B" CONDOMINIUM ASSOCIATION, INC.



03 APR 25 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

320 **CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E, INC. ■ COOCVE ■**
3501 West Drive
Deerfield Bch., FL 33442-2085



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **59-1931063** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILL, EDWARD B 75 ASHBY B DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, EDWARD B 75 ASHBY B DEERFIELD BEACH FL 33442-2820 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANGELL, AUDREY MRS 76 ASHBY B DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEDARD, GAETANE 69 ASHBY B DEERFIELD BEACH FL 33442-2820 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HART, MADELINE ASHBY B59 DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, MADELINE 59 ASHBY B DEERFIELD BEACH FL 33442-2820 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEDARD, JACQUES ASHBY B69 DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDARD, JACQUES 69 ASHBY B DEERFIELD BEACH FL 33442-2820 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COHEN, JEAN ASHBY B67 DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOHEN, JEAN 67 ASHBY B DEERFIELD BEACH FL 33442-2820 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWEN, LAURA ASHBY B68 DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWEN, LAURA 68 ASHBY B DEERFIELD BEACH FL 33442-2820 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Edward Hill **EDWARD HILL** 03/05/03 954-421-560
Date Daytime Phone #

CR2037 (10/02)