

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90176 029 ****61.25

DOCUMENT # N01339					
1. Entity Name ASHLAND D CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487			Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2388502	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELTZ, AARON 15072 ASHLAND DR DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 PD	NAME PELTZ, AARON	<input checked="" type="checkbox"/> Delete	TITLE PRES.	NAME HERBERT COLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15072 ASHLAND PL	CITY-ST-ZIP DELRAY BEACH, FL 33484		STREET ADDRESS 15072 ASHLAND PL	CITY-ST-ZIP DELRAY BEACH, FL 33484	
TITLE TD	NAME BAUMAN, YETTA	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15072 ASH LAND PL #126	CITY-ST-ZIP DELRAY BEACH, FL 33484		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VPD-	NAME RICHMAN, DAN	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15072 ASH LAND PL #105	CITY-ST-ZIP DELRAY BEACH, FL 33484		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VPD	NAME MEYERS, BETTY	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15072 ASH LAND PL #132	CITY-ST-ZIP DELRAY BEACH, FL 33484		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME TENENBRUM, ETTA	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15072 ASH LAND PL #123	CITY-ST-ZIP DELRAY BEACH, FL 33484		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Yetta Bauman Treas.</u> Date: <u>3/21/06</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					