



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2388502	Applied For <input type="checkbox"/> Not Applicable
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.

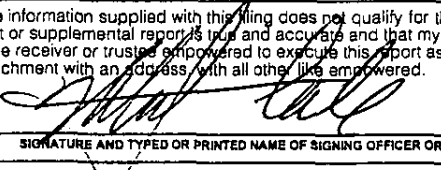
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	COLE, HERBERT
STREET ADDRESS	15072 ASHLAND PL
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	BAUMAN, YETTA
STREET ADDRESS	15072 ASH LAND PL #126
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	RICHMAN, DAN
STREET ADDRESS	15072 ASH LAND PL #105
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	MEYERS, BETTY
STREET ADDRESS	15072 ASH LAND PL #132
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	TENENBRUM, ETTA
STREET ADDRESS	15072 ASH LAND PL #123
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:  **04/09/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____