

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90180 017 ****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**



04182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2388502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~RENE MARSH~~
HERBERT COLE
**15072 ASHLAND DR
DELRAY BEACH, FL 33484**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, HERBERT 15072 ASHLAND PL DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUMAN, YETTA 15072 ASH LAND PL #126 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHMAN, DAN RICHARD GOODMAN 15072 ASH LAND PL #125 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEYERS, BETTE MARILYN ARBIT 15072 ASH LAND PL #131 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TENENBRUM, ETTA 15072 ASH LAND PL #123 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 **561-638 4969**
Date Daytime Phone #