

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

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

04-30-2008 90180 024 \*\*\*\*61.25

**DOCUMENT # N03724**

1. Entity Name  
**ASHLAND E CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**C/O PRIME MGMT. GROUP, INC  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487-8290**

Mailing Address

**C/O PRIME MGMT. GROUP, INC  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487-8290**

**60033253**



04182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2425595**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SETMAN, SHIRLEY  
15090 ASHLAND PLACE, 167E  
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	D MOSLEY, EDNA 15090 ASHLAND PL #165 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINER, HAROLD 15090 ASHLAND PLACE #170 DELRAY BCH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBOHER, LILLIAN 15090 ASHLAND PL APT 171 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SELMAN, SHIRLEY 15090 ASHLAND PL #167 DELRAY BCH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUBER, SYLVIA 15090 ASHLAND PL #145 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

Date

Daytime Phone #