

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

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90104 015 ****61.25

DOCUMENT # N09994

1. Entity Name
ASHLAND I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**

Mailing Address
**% PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**



04182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2557646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEST, EDWARD
15109 ASHLAND DRIVE
SUITE 309
DELRAY BEACH, FL 33484**

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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 PD
NAME WEST, EDWARD
STREET ADDRESS 14109 ASHLAND DR #309
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE VPD
NAME SCHEIDER, IRVING
STREET ADDRESS 15109 ASHLAND DR #324
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE 2NDV
NAME LIPSKY, CAROLE
STREET ADDRESS 15109 ASHLAND DRIVE #308
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE SD
NAME WILLIAM, KUPFEV
STREET ADDRESS 15109 ASHLAND DR #331
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE TD
NAME ERLICH, MICHAEL
STREET ADDRESS 15109 ASHLAND DRIVE #312
CITY-ST-ZIP 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 #