2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09994

FILED Mar 23, 2009 Secretary of State

Entity Name: ASHLAND I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

% PRIME MANAGEMENT GROUP INCPRIME MANAGEMENT GROUP INC6300 PARK OF COMMERCE BLVD6300 PARK OF COMMERCE BLVDBOCA RATON, FL 33487USBOCA RATON, FL 33487US

FEI Number: 59-2557646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEST, EDWARD
15109 ASHLAND DRIVE
SUIT 309

WEST, EDWARD
15109 ASHLAND DRIVE
SUITE 309

DELRAY BEACH, FL 33484 US DELRAY BEACH, FL 33484 US

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.

SIGNATURE: ED WEST 03/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition WEST, EDWARD Name: Name: 14109 ASHLAND DR #309 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: () Change () Addition SCHEIDER, IRVING Name: Name: Address: 15109 ASHLAND DR #324 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: 2NDV () Delete Title: (X) Change () Addition

Name: LIPSKY, CAROLE Name: LIPSKY, CAROLE

 Address:
 15109 ASHLAND DRIVE #308
 Address:
 15109 ASHLAND DRIVE #308

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:
 DELRAY BEACH, FL 33484

Title: SD () Delete Title: () Change () Addition

 Name:
 WILLIAM, KUPFEV
 Name:

 Address:
 15109 ASHLAND DR #331
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:

Name: ERLICH, MICHAEL Name: ERLICH, MICHAEL

 Address:
 15109 ASHLAND DRIVE #312
 Address:
 15109 ASHLAND DRIVE #312

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:
 DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED WEST P 03/23/2009