

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90172 026 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**50035575**



<b>DOCUMENT # N34094</b> 1. Entity Name <b>ASHLAND H CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PRIME MANAGEMENT          6300 PARK OF COMMERCE BLVD          BOCA RATON, FL 33487 US</b>			Mailing Address <b>C/O PRIME MANAGEMENT          6300 PARK OF COMMERCE BLVD          BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PRIME MANAGEMENT          6300 PARK OF COMMERCE BLVD          BOCA RATON, FL 33487</b>			Name <b>MARY PARKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>15144 ASHLAND ST #262</b> City <b>DELRAY BCH</b> FL Zip Code <b>33484</b>		
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 <i>Mary Parker</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>4/6/05</b>	
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WOLFSON, WILLIAM</b>		NAME	<b>CARL NØRBERG</b>	
STREET ADDRESS	<b>15144 ASHLAND STR #278</b>		STREET ADDRESS	<b>15144 ASHLAND ST #283</b>	
CITY-ST-ZIP	<b>DELRAY BCH, FL</b>		CITY-ST-ZIP	<b>DELRAY BE, FL 33484</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEICHTING, CAL</b>		NAME	<b>1ST VP</b>	
STREET ADDRESS	<b>15144 ASH LAND #257</b>		STREET ADDRESS	<b>2ND VP</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP	<b>GIL BERLINER</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KUSHNER, ABE</b>		NAME	<b>15144 ASHLAND ST APT 266</b>	
STREET ADDRESS	<b>15144 ASHLAND ST H272</b>		STREET ADDRESS	<b>DELRAY BE, FL 33484</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PARKER, MARY</b>		NAME		
STREET ADDRESS	<b>15144 ASHLAND ST. #262</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KREMEN, ARNOLD</b>		NAME		
STREET ADDRESS	<b>15144 ASHLAND ST #263</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>MARY PARKER</b>		<i>Mary Parker</i>		DATE <b>4/6/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>498-9963</b>	