

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34094

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** ASHLAND H CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PHIL CITTADINO MANAGEMENT, INC.  
14000 MILITARY TRAIL, 204-C  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PHIL CITTADINO MANAGEMENT, INC.  
14000 MILITARY TRAIL, 204-C  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

**FEI Number:** 65-0158177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BACKER, KEITH F ESQ.  
400 SOUTH DIXIE HWY.  
THE ARBOR, SUITE 420  
BOCA RATON, FL 33432 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WOLFSON, WILLIAM  
**Address:** 15144 ASHLAND STREET # 278  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** VPD  
**Name:** BERLINER, GIL  
**Address:** 15144 ASHLAND STREET # 266  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** SD  
**Name:** KREMEN, ARNOLD  
**Address:** 15144 ASHLAND STREET # 263  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** TD  
**Name:** KESSLER, FLORENCE  
**Address:** 15144 ASHLAND STREET # 279  
**City-St-Zip:** DELRAY BEACH, FL

**Title:** D  
**Name:** TALBOT, MITZI  
**Address:** 15144 ASHLAND STREET # 282  
**City-St-Zip:** DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM WOLFSON

PD

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date