

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

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

04-30-2008 90165 030 ****61.25

DOCUMENT # N93000004035

1. Entity Name
ASHLAND CONDOMINIUM A ASSOCIATION, INC.



Principal Place of Business
PRIME MGMT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

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

60032504



04182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3370345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWATZ, ANN
15011 ASHLAND CIR
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	TD
NAME	LEVISON, JULIAN
STREET ADDRESS	15011 ASHLAND CIRCLE #20
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	VPD
NAME	BLUM, IRVING
STREET ADDRESS	15011 ASHLAND CIR, #18
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D MARCOLEIS
NAME	MESOLIS, RONALD
STREET ADDRESS	15011 ASHLAND CIRCLE #10
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	PD
NAME	SCHWARTZ, ANN
STREET ADDRESS	15011 ASHLAD CIRCLE #127
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SD
NAME	GROSS, GERALD
STREET ADDRESS	15011 ASHLAND CIRCLE #11
CITY-ST-ZIP	DELRAY BEACH, FL
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

4/22/08

Date

499-0557

Daytime Phone #