2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004035

FILED Mar 16, 2009 Secretary of State

Entity Name: ASHLAND CONDOMINIUM A ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 59-3370345 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:

SCHWATZ, ANN 15011 ASHLAND CIR DELRAY BEACH, FL 33484 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LEVISON, JULIAN ALTMAN, DELORES Name: Name:

15011 ASHLAND CIRCLE #20 Address: 15011 ASHLAND CIRCLE #5 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484

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

BLUM, IRVING Name: Name: Address: 15011 ASHLAND CIR. #18 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MARGOLIS, RONALD MARGOLIS, RONALD Name: Name: 15011 ASHLAND CIRCLE #30 Address: 15011 ASHLAND CIRCLE #30 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484

() Delete Title: PD Title: () Change () Addition

Name: SCHWARTZ, ANN Name: Address: 15011 ASHLAD CIRCLE Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip:

Title: () Delete Title: WP. (X) Change () Addition

GROSS, GERALD Name: Name: GROSS, GERALD 15011 ASHLAND CIRCLE 15011 ASHLAND CIRCLE Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: DELRAY BEACH, FL

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: ANN SCHWARTZ Ρ 03/16/2009