


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/4/2006-90017-047-\$61.25-\$61.25

DOCUMENT # N05000004816
 1. Entity Name
ASOKA CONDOMINIUM ASSOCIATION, INC.



FILED
 06 OCT -9 PM 12: 23

Principal Place of Business
 3700 S. OCEAN BLVD.
 SUITE 210B
 HIGHLAND BEACH, FL 33487

Mailing Address
 3700 S. OCEAN BLVD.
 SUITE 210B
 HIGHLAND BEACH, FL 33487

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 2609 NE 27 TERR
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 170694
 Suite, Apt. #, etc.

07192006 Chg-NP CRZE037 (4/08)

City & State
 Fort Lauderdale FL

City & State
 Fort Lauderdale FL

Zip
 33306

Country
 Broward

Zip
 33307

Country
 Broward

4. FEI Number
 55-0898717

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BAKALAR & EICHNER, P.A.
 150 SOUTH PINE ISLAND ROAD
 SUITE 540
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: MICHAEL WALTERS
 Street Address (P.O. Box Number is Not Acceptable): 974 SW Bay State Road
 City: Port St Lucie FL Zip Code: 34953

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: MICHAEL WALTERS *Michael Walters* July 19, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KRONICK, GENE 3700 S. OCEAN BLVD., STE. 210B HIGHLAND BEACH, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MICHAEL WALTERS 974 SW Bay State Road Port St Lucie FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KATZ, MICHAEL 3700 S. OCEAN BLVD., STE. 210B HIGHLAND BEACH, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PENNY CARLSON 1336 Holly Hills Drive SE 6 Ft Lauderdale FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CARTWRIGHT, CHRISTOPHER 2609 NE 26TH ST. FT. LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LESLEEN BOLT 2609 NE 27 TERR FT. LAUDERDALE FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Walters*