


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90046 020 ****61.25

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1. Entity Name
ASOKA CONDOMINIUM ASSOCIATION, INC.



40039707

Principal Place of Business
**1330 HOLLY HEIGHTS
 FORT LAUDERDALE, FL 33312**

Mailing Address
**C/P STATE REALTY
 5505 PEMBROKE RD
 HOLLYWOOD, FL 33021**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02252008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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
**STATE REALTY
 5505 PEMBROKE RD
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, GAVIN	
STREET ADDRESS	1330 HOLLY HEIGHTS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CANZUNERI, PRUDANCE	
STREET ADDRESS	1336 HOLLY HTS DRIVE #6	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOLT, LESLEEN	
STREET ADDRESS	2809 NE 27TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DEFLIESCO	
STREET ADDRESS	1336 HOLLY HEIGHTS DR # 7	
CITY-ST-ZIP	FT. LAUD FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ja...* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____