

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 08, 2009  
Secretary of State**

DOCUMENT# N05000004816

Entity Name: ASOKA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1330 HOLLY HEIGHTS  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

C/O STATE REALTY  
5505 PEMBROKE RD  
HOLLYWOOD, FL 33021

FEI Number: 55-0898717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STATE REALTY  
5505 PEMBROKE RD  
HOLLYWOOD, FL 33021      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: P      ( ) Delete  
Name: BARTHOLOMEW, GAVIN  
Address: 1330 HOLLY HEIGHTS  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ST      ( ) Delete  
Name: BOLT, LESLEEN  
Address: 2609 NE 27TH TERR  
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: D      ( ) Delete  
Name: DEFLESGO, ROBERT  
Address: 1336 HOLLYHEIGHTS DR #7  
City-St-Zip: FORT LAUDERDALE, FL 33306

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: THOMAS, MARCHAND  
Address: 1342 HOLLY HEIGHTS DR #12  
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: S      (X) Change ( ) Addition  
Name: DEFLESGO, ROBERT  
Address: 1336 HOLLYHEIGHTS DR #7  
City-St-Zip: FORT LAUDERDALE, FL 33306

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: THOMAS MARCHAND

T

05/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date