

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004040

FILED
May 08, 2009
Secretary of State

Entity Name: ASOKA BALI WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

758 NE 13 CT
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

768 NE 13 CT
#6
FORT LAUDERDALE, FL 33304

New Mailing Address:

C/O STATE REALTY
5505 PEMBROKE ROAD
HOLLYWOOD, FL 33303

FEI Number: 19-7563520 **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:

SAN MIGUEL, JORGE
768 NE 13 CT
#6
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

STATE REALTY
5505 PEMBROKE ROAD
HOLLYWOOD, FL 33021 US

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: JOHN D KEATING

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALMON, PAUL
Address: 758 NE 13 CT #3
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP/T () Delete
Name: NEEB, VOLKMAR
Address: 2317 NW 7TH AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: S () Delete
Name: IRISH, KEVIN
Address: 2632 NE 9TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KEVIN IRISH

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05/08/2009

Electronic Signature of Signing Officer or Director

Date