

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90026 023 ****70.00

DOCUMENT # N04000004165 1. Entity Name ASOKA BALI EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 768 NE 13 CT #5 FT LAUDERDALE, FL 33304			Mailing Address 768 NE 13 CT #5 FT LAUDERDALE, FL 33304		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03112005 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHINDLER, RAYE J 768 NE 13 CT #5 FT LAUDERDALE, FL 33304			Name SCHINDLER, RAY J. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	PTD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SCHINDLER, RAY J		NAME		
STREET ADDRESS	768 NE 13 CT #5		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	VD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LONGWELL, JEFFREY		NAME		
STREET ADDRESS	272 E DUNEDIN RD		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43214		CITY-ST-ZIP		
TITLE	SD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	STROEBEL, KIRK		NAME		
STREET ADDRESS	7431 80 ST SW		STREET ADDRESS		
CITY-ST-ZIP	STEWARTVILLE, MN 55976		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ray J. Schindler</i> RAY J. SCHINDLER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/14/2005 (513) 404-9608 Date Daytime Phone #		