2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004165

1. Entity Name
ASOKA BALI EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
768 NE 13 CT STE 5 FORT LAUDERDALE, FL 33304 US	768 NE 13 CT STE 5 FORT LAUDERDALE, FL 33304 US

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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHINDLER, RAY J
768 NE 13 CT
STE 5
FORT LAUDERDALE, FL 33304

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCHINDLER, RAY J
STREET ADDRESS	768 NE 13 CT #5
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	VD
NAME	LONGWELL, JEFFREY
STREET ADDRESS	272 E DUNEDIN RD
CITY-ST-ZIP	COLUMBUS, OH 43214
TITLE	SD
NAME	STROEBEL, KIRK
STREET ADDRESS	7431 80 ST SW
CITY-ST-ZIP	STEWARTVILLE, MN 55976
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80043-015 70.00

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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: Ray J. Schindler 1-17-06 (513)404-9608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #