## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2007 8:00 am Secretary of State

ANNUAL REPURI				Se	Secretary of State		
DOCUMENT # N0500004816  1. Entity Name ASOKA CONDOMINIUM ASSOCIATION, INC.				i&	01-30-2007 90011 047 ****61.25		
ASOKA C	CONDOMINIUM ASSOCIATIO	ON, INC.					
Principal Place 2609 NE 27 FT LAUDERD		Mailing Address P.O.BOX 70694 FORT LANDERDALE, FL 3	3307	400065	04		
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13 30	- 1 10 maa	3. Mailing Address Co STATE	REAL	77			
Suite, Apt.	#, etc. / ()	Suite, Apt. #, etc. pm	BROKET	01072007 CH	ig-NP CR2E037	(12/06)	
City & State	Aud Ti	Lolly wood	V FI	4. FEI Number 55-089871		Applied For Not Applicable	
12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Country	Zip Zip	Country	5. Certificate of St	atus Desired	8.75 Additional	
522	6. Name and Address of Current Re	egistered Agent		7. Name and Add	ress of New Registered Ag	e Required	
WALTER'S	S, MICHAEL		Name S	TATE REA	274		
974 SW BA	AY STATE ROAD LUCIE FL 34953			Street Address (P.O. Box Number is Not Acceptable) ————————————————————————————————————			
PORT ST	EUCIE, N 34933						
			CityHoL	Llywood	FL	33 2/	
	named entity submits this statement for titions of registered agent.	the purpose of changing its req			the State of Florida. I am far	niliar with, and accept	
SIGNATURE.							
	Signature, typed or printed name of registered algent and	d title if applicable (NOTE Re	egistered Agent signature	required when reinstating)	DATE		
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25	d title if applicable (NOTE Re	aign Financing	\$5.00 May Be	DATE Make check p	payable to	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Make check p Florida Departm	ent of State	
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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 61?, 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:

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone •