

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-30-2007 90011 047 \*\*\*\*61.25

**DOCUMENT # N05000004816**

1. Entity Name  
ASOKA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
2609 NE 27 TERR  
FT LAUDERDALE, FL 33306

Mailing Address  
P.O. BOX 70694  
FORT LAUDERDALE, FL 33307

40006504



2. Principal Place of Business - No P.O. Box #  
1330 Holly Heights Dr  
Suite, Apt. #, etc.

3. Mailing Address  
C/O STATE REALTY  
5505 Pembroke Rd  
Suite, Apt. #, etc.

City & State  
FT. LAUD FL

City & State  
Hollywood FL

Zip  
33312

Zip  
33021

Country

Country

01072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
55-0898717

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WALTERS, MICHAEL  
974 SW BAY STATE ROAD  
PORT ST LUCIE, FL 34953

7. Name and Address of New Registered Agent  
Name  
STATE REALTY  
Street Address (P.O. Box Number is Not Acceptable)  
5505 Pembroke Rd.  
City  
Hollywood FL Zip Code  
33021

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, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, MICHAEL Gavin Bartholomeo 974 SW BAY STATE ROAD 1330 Holly Heights Dr #2 PORT ST LUCIE, FL 34953 Ft Lauderdale FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARZOUERS PENNY Canzoneri, Prudence 1336 HOLLY HTS DRIVE #6 FT. LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOLT, LESLEEN 2609 NE 27TH TERR FT. LAUDERDALE, FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 1/23/07  
Signature and typed or printed name of signing officer or director Date Daytime Phone #