


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90026 017 \*\*\*\*61.25

**DOCUMENT # 742446**  
 1. Entity Name  
**HASTINGS D CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**HASTINGS**  
**D-52**  
**WEST PALM BEACH, FL 33417 US**

Mailing Address  
**HASTINGS**  
**D-52**  
**WEST PALM BEACH, FL 33417 US**

40000234



2. Principal Place of Business  
**HASTINGS**  
 Suite, Apt. #, etc.  
**D-61**

3. Mailing Address  
**HASTINGS**  
 Suite, Apt. #, etc.  
**D-61**

01042005 Chg-NP CR2E037 (10/03)

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

Zip  
**33417** Country  
**US**

Zip  
**33417** Country  
**US**

4. FEI Number  
**59-1645983**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JARMELL, HELEN**  
**HASTINGS**  
**D-52**  
**WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent  
 Name  
**COLLINS-SORMRUDE, PATRICIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**HASTINGS**  
**D-61**  
 City  
**WEST PALM BEACH** **FL** Zip Code  
**33417**

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 *Patricia Collins-Sormrude*  
**PATRICIA COLLINS-SORMRUDE, PRESIDENT** **1/4/05**  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WINCHEL, SEYMOUR</b> <b>HASTINGS D50</b> <b>WEST PALM BEACH, FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>VAUSE, ELIZABETH</b> <b>57 N HASTINGS D</b> <b>WEST PALM BEACH, FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JARMELL, HELEN</b> <b>HASTINGS D-52 CEN VILL</b> <b>W PALM BEACH, FL 00000,</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CUERERA, LORETTA</b> <b>HASTINGS D50</b> <b>WEST PALM BEACH, FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PATRICIA COLLINS-SORMRUDE</b> <b>HASTINGS D61</b> <b>WEST PALM BEACH, FL 33417</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Patricia Collins-Sormrude*  
**PATRICIA COLLINS-SORMRUDE** **1/4/05** **561-841-7125**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #