

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742480 (7)

1. Corporation Name

HASTINGS B CONDOMINIUM ASSOCIATION, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:05

Principal Place of Business Mailing Address
26 HASTINGS B WEST PALM BEACH, INC. 33417-1210 US **26 HASTINGS B WEST PALM BEACH, INC. 33417-1210 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1978	3a. Date of Last Report 04/18/1994
4. FEI Number 59-1645975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
**LAMINSKY, WILLIAM
HASTINGS B-28, CENTURY VILLAGE
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFMAN, ABRAHAM	1.2 NAME	
STREET ADDRESS	HASTING B21 CEN VILL	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, KAARLO	2.2 NAME	
STREET ADDRESS	HASTINGS B31 CEN VIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERR, GEORGE	3.2 NAME	
STREET ADDRESS	HASTING B-17 CEN VILL	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASOWSKY, JACK	4.2 NAME	
STREET ADDRESS	HASTINGS B27 CEN VILL	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH, FL 00000	4.4 CITY - ST - ZIP	
TITLE	PO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMINSKY, WILLIAM	5.2 NAME	
STREET ADDRESS	HASTING B-28 CEN VILL	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL00000	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANTEL, BEATRICE	6.2 NAME	
STREET ADDRESS	28 HASTING #B	6.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 12 or Block 13 of this report, or on an attached report with an address.

SIGNATURE: *William Laminsky* **3/26/95 (107) 686 5024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #