

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742480 (7)
1. Corporation Name
HASTINGS B CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 04/14/1978	3a. Date of Last Report 04/03/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1645975	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip	Country	29	30	
24	25			

9. Name and Address of Current Registered Agent

**LAMINSKY, WILLIAM
HASTINGS B-2, CENTURY VILLAGE B-22
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	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNI, 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMINSKY, WILLIAM	5.2 NAME	
STREET ADDRESS	HASTING B-21 CEN VILL B-22	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL00000	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANTEL, BEATRICE	6.2 NAME	
STREET ADDRESS	26 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)(k), 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, trustee or person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Laminsky

Date

Daytime Phone #

4/1/96 (407) 656-5024

CR2E037 (12/95)