

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 HASTINGS B-22	26 WEST PALM BEACH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 HASTINGS B-22
City & State	City & State
23 W. PALM WEST PALM B FL	28 W. PALM BEACH FL
Zip	Country
24 33417	25 U.S.A
Country	Country
29 33417	30 U.S.A

3. Date Incorporated or Qualified 04/14/1978	3a. Date of Last Report 04/04/1996
4. FEI Number 59-1645975	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAMINSKY, WILLIAM HASTINGS B-22, CENTURY VILLAGE WEST PALM BEACH FL 33417		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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD 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	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD 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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LAMINSKY, WILLIAM	5.2 NAME	
STREET ADDRESS	HASTING B-22, CENTURY VILLAGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)