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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742480

1. Corporation Name

HASTINGS B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

HASTINGS B-22
B
W PALM BCH FL 33417
US

HASTINGS B-22
B
W PALM BCH FL 33417
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/14/1978

22 City & State

27 City & State

4. FEI Number
59-1645975

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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 DELETE
NAME SCHIFFMAN, ABRAHAM
STREET ADDRESS HASTING B21 CEN VILL
CITY-ST-ZIP WEST PALM BEACH, FL00000

1.1 TITLE D Change Addition
1.2 NAME D SCHATZKIN MARTIN
1.3 STREET ADDRESS HASTINGS B25
1.4 CITY-ST-ZIP WEST PALM BEACH

TITLE VD DELETE
NAME MANNI, KAARLO
STREET ADDRESS HASTINGS B31 CEN VIL
CITY-ST-ZIP WEST PALM BCH, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME CHERR, GEORGE
STREET ADDRESS HASTING B-17 CEN VILL
CITY-ST-ZIP WEST PALM BEACH, FL00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME LAMINSKY, WILLIAM
STREET ADDRESS HASTING B-22, CENTURY VILLAGE
CITY-ST-ZIP WEST PALM BEACH, FL00000

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T DELETE
NAME PANTEL, BEATRICE
STREET ADDRESS 26 HASTING #B
CITY-ST-ZIP W PALM BCH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

Signature Required

1-16-99 561-684-7347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)