

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742480

1. Entity Name

HASTINGS B CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90085 016 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business                     | Mailing Address                                 |
| HASTINGS B-22<br>B<br>W PALM BCH FL 33417<br>US | HASTINGS B-22<br>B<br>W PALM BCH FL 33417<br>US |



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |  |   |  |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    |  | Applied For   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 59-1645975                       |  | Not Applicable  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                  |  |   |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent  |  |  |  |
| <del>LAMINSKY, WILLIAM</del><br><del>HASTINGS B-22, CENTURY VILLAGE</del><br><del>WEST PALM BEACH FL 33417</del> |  |  |  | Name: <u>Palm Beach Maintenance Mgt.</u><br>Street Address (P.O. Box Number is Not Acceptable):<br><u>3606 Woodwalk Boulevard</u><br>City: <u>Lake Worth</u> FL Zip Code: <u>33467</u> |  |  |  |

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.

SIGNATURE: [Signature] L.C.A.M. DATE: 2-8-00

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

|                             |  |                             |   |
|-----------------------------|--|-----------------------------|---|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|-----------------------------|---|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | D <input type="checkbox"/> Delete<br>SCHIFFMAN, ABRAHAM<br>HASTING B21 CEN VILL<br>WEST PALM BEACH FL               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | VD <input type="checkbox"/> Delete<br>MANNI, KAARLO<br>HASTINGS B31 CEN VIL<br>WEST PALM BEACH FL                   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | TD <input type="checkbox"/> Delete<br>CHERR, GEORGE<br>HASTING B-17 CEN VILL<br>WEST PALM BEACH FL                  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | PD <input type="checkbox"/> Delete<br>LAMINSKY, WILLIAM<br>HASTING B-22, CENTURY VILLAGE<br>WEST PALM BEACH FL      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <del>PANTEL, BEATRICE</del> <input type="checkbox"/> Delete<br><del>26 HASTING #B</del><br><del>W PALM BCH FL</del> | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete<br>SCHATZKIN, MARTIN<br>HASTINGS B25<br>WEST PALM BEACH FL                        | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |

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: [Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (9/99)