

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90114 033 \*\*\*\*61.25

**DOCUMENT # 742480**  
 1. Entity Name  
**HASTINGS B CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>HASTINGS B-25</b> <b>B</b> <b>W PALM BCH FL 33417</b> <b>US</b>	Mailing Address <b>HASTINGS B-25</b> <b>B</b> <b>W PALM BCH FL 33417</b> <b>US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1645975</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PALM BEACH MAINTENCE MGT**  
**3608 WOODS WALK BOULEVARD**  
**LAKELAND WORTH FL 33467**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MANNI, KAARLO</b> <b>HASTINGS B31 CEN VIL</b> <b>WEST PALM BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CHERR, GEORGE</b> <b>HASTING B-17 CEN VIL</b> <b>WEST PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAMINSKY, WILLIAM</b> <b>HASTING B-22, CENTURY VILLAGE</b> <b>WEST PALM BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SCHATZKIN, MARTIN</b> <b>HASTINGS B25</b> <b>WEST PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PLUM, S</b> <b>HASTINGS UNIT 19</b> <b>WEST PALM BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>SCHATZKIN, MARTIN</b> <b>HASTING'S B 25 CEN VIL</b> <b>WEST PALM BEACH, FL 33417</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER V.P.</b> <b>CHERR, GEORGE</b> <b>HASTINGS B 17 CEN VIL</b> <b>WEST PALM BEACH, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>FLUM, JEROME</b> <b>HASTINGS B 19 CEN VIL</b> <b>WEST PALM BEACH FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANNI, KAARLO</b> <b>BOARD MEMBER</b> <b>HASTINGS, B 31 CEN VIL</b> <b>WEST PALM BEACH, FL.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FLUM ROSA</b> <b>BOARD MEMBER</b> <b>HASTINGS B 19, CEN VIL</b> <b>WEST PALM BEACH, FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Foster Pruitt* **FOSTER PRUITT** **CLAM FOR THE BOARD** **3-19-02** **561-432-3076**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)