

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90023 028 \*\*\*\*61.25

DOCUMENT # 742480

1. Entity Name  
 HASTINGS B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 HASTINGS B-22  
 B  
 W PALM BCH, FL 33417 US

Mailing Address  
 HASTINGS B-22  
 B  
 W PALM BCH, FL 33417 US

54023224



2. Principal Place of Business  
 24 Hastings B  
 Suite, Apt. #, etc.

3. Mailing Address  
 24 Hastings B  
 Suite, Apt. #, etc.

03032004 Chg-NP CR2E037 (10/03)

City & State  
 City & State

4. FEI Number  
 59-1645975

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PALM BEACH MAINTENANCE MGT  
 3606 WOODS WALK BOULEVARD  
 LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent  
 Name Prime Management Group Inc.  
 Street Address (P.O. Box Number is Not Acceptable)  
 6300 Park of Commerce Blvd.  
 City Boca Raton FL Zip Code 33487-8290

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles Koppelman* 3/11/04  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	BDM	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANNI, KAARLO			NAME	Koppelman, Charles		
STREET ADDRESS	HASTINGS B31 CEN VIL			STREET ADDRESS	24 Hastings B		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP	West Palm Beach FL 33417		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	Vice Pres.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHERR, GEORGE			NAME	Resnick, Barry		
STREET ADDRESS	HASTING B-17 CENVILL			STREET ADDRESS	30 Hastings B		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP	West Palm Beach FL 33417		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	BDM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GROSSMAN, FELI DR			NAME	Koppelman, Frances		
STREET ADDRESS	HASTING B-26 CENVILL			STREET ADDRESS	24 Hastings B		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP	West Palm Beach FL 33417		
TITLE	BDM	<input checked="" type="checkbox"/> Delete		TITLE	Secr.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FLUM, ROSA			NAME	Flum, Jerry		
STREET ADDRESS	HASTINGS B19 CEN VILL			STREET ADDRESS	19 Hastings B		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP	West Palm Beach FL 33417		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OTIS, LUCILE			NAME			
STREET ADDRESS	HASTING B-21 CENVILL			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		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: *Charles Koppelman* 3/11/04 561-683-7085  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

NJ # 609-655-3111