


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90308 020 ****61.25

DOCUMENT # 742480			
1. Entity Name HASTINGS B CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 24 HASTINGS B W PALM BCH, FL 33417 US		Mailing Address 24 HASTINGS B B W PALM BCH, FL 33417 US	
2. Principal Place of Business <i>19 Hastings B</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>W. Palm Beach</i>		City & State	
Zip <i>33417</i>	Country <i>U.S.A.</i>	Zip	Country
4. FEI Number 59-1645975		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PRIME MNGT. GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290		7. Name and Address of New Registered Agent Name: <i>SAME</i> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: P NAME: KOPPELMAN, CHARLES STREET ADDRESS: 24 HASTINGS B CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: <i>Rosa J. Flum</i> STREET ADDRESS: <i>19 Hastings B</i> CITY-ST-ZIP: <i>W. Palm Beach FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: RESACK, BARRY STREET ADDRESS: 30 HASTINGS B CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: <i>Charles Koppelman</i> STREET ADDRESS: <i>24 Hastings B</i> CITY-ST-ZIP: <i>W. Palm Beach FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: BDM NAME: KOPPELMAN, FRANCES STREET ADDRESS: 24 HASTINGS B CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE: BDM NAME: <i>Barry Resnick</i> STREET ADDRESS: <i>30 Hastings B</i> CITY-ST-ZIP: <i>W. Palm Beach FL 33417</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: FLUM, JERRY STREET ADDRESS: 19 HASTINGS B CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE: S NAME: <i>SAME</i> STREET ADDRESS: <i>SAME</i> CITY-ST-ZIP: <i>SAME</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: OTIS, LUCILE STREET ADDRESS: HASTING B-21 CENVILL CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE: T NAME: <i>SAME</i> STREET ADDRESS: <i>SAME</i> CITY-ST-ZIP: <i>SAME</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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: <i>Rosa J. Flum Pres.</i>		Date: <i>3/9/05</i> Daytime Phone #: <i>561-242-6273</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			