


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90086 016 \*\*\*\*61.25

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



Principal Place of Business  
**19 HASTINGS B**  
**W PALM BCH, FL 33417 US**

Mailing Address  
**19 HASTINGS B**  
**B**  
**W PALM BCH, FL 33417 US**

40054661



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1645975**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLUM, JERRY**  
**19 HASTINGS B**  
**WEST PALM BEACH, FL 33417**

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

TITLE	<b>X SPP</b>	<input type="checkbox"/> Delete
NAME	<b>FLUM, ROSA J</b>	
STREET ADDRESS	<b>19 HASTINGS B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
TITLE	<b>X BOM</b>	<input type="checkbox"/> Delete
NAME	<b>KOPELMAN, CHARLES</b>	
STREET ADDRESS	<b>24 HASTINGS B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
TITLE	<b><del>BOM</del> P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHATZKIN, MARTIN</b>	
STREET ADDRESS	<b>25 HASTINGS B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FLUM, JERRY</b>	
STREET ADDRESS	<b>19 HASTINGS B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>OTIS, LUCILE</b>	
STREET ADDRESS	<b>HASTING B-21 CENVILL</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLUM, ROSA J</b>	
STREET ADDRESS	<b>19 HASTINGS B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>BOM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOPELMAN, CHARLES</b>	
STREET ADDRESS	<b>34 HASTINGS B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHATZKIN, MARTIN</b>	
STREET ADDRESS	<b>25 HASTINGS B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JERRY FLUM** 4-4-07 561.242.6223  
Signature and typed or printed name of signing officer or director Date Daytime Phone #