


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90051 011 \*\*\*\*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**

**40068116**

2. Principal Place of Business - No P.O. Box #  
*24 Hastings B*

3. Mailing Address  
*24 Hastings B*

Suite, Apt. #, etc.

City & State

Zip Country

02272008 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		7. Name and Address of New Registered Agent	
FLUM, JERRY 19 HASTINGS B WEST PALM BEACH, FL 33417		Name <i>Koppelman, Charles</i> Street Address (P.O. Box Number is Not Acceptable) <i>24 Hastings B</i> City <i>West Palm Beach</i> FL Zip Code <i>33417</i>	

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* **Charles Koppelman** DATE *3/27/08*

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	V FLUM, ROSA J 19 HASTINGS B WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Andrew Casano</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20 Hastings B West Palm Beach FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM KOPELMAN, CHARLES 24 HASTINGS B WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Koppelman, Charles</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHATZKIN, MARTIN 25 HASTINGS B WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <i>Carmela Berlotto</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 21 Hastings B West Palm Beach, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLUM, JERRY 19 HASTINGS B WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>Paul Beninati</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 Hastings B West Palm Beach FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTIS, LUCILE HASTING B-21 CENVILL WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 *Charles Koppelman* **Charles Koppelman** DATE *3/27/08* 609-655-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #