

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 742447

1. Entity Name

HASTINGS E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

HASTINGS E73
W. PALM BEACH FL 33417
US

Mailing Address

HARRIS ARNOLD P
HASTINGS E73
WEST PALM BEACH FL 33417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1645981

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ARNOLD P
HASTINGS E-73
CENTURY VILLAGE
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

Arnold P. Harris

2-18-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	HARRIS, ARNOLD P	
STREET ADDRESS	# ASTINGS E-73	
CITY- ST- ZIP	WEST PALM BCH. FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAKER, FRED	
STREET ADDRESS	HASTING E-79	
CITY- ST- ZIP	WEST PALM BCH FL	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	BRAYSON, ANN	
STREET ADDRESS	HASTING E-79	
CITY- ST- ZIP	WEST PALM BCH FL	
TITLE	PO	<input type="checkbox"/> Delete
NAME	HARRIS, ARNOLD	
STREET ADDRESS	HASTING E-73	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSENBERG, FLORENCE	
STREET ADDRESS	HASTINGS E-69	
CITY- ST- ZIP	WEST PALM BCH. FL	
TITLE	I	<input type="checkbox"/> Delete
NAME	CHUPOW, ROSLYN	
STREET ADDRESS	HASTINGS E-72	
CITY- ST- ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000000240348	
CITY- ST- ZIP	02/23/05-80027-013 61.25	
TITLE		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

No changes

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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:

Arnold P. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-05

Date

Daytime Phone #