


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90061 033 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 742447</b>  |  |
| 1. Entity Name<br><b>HASTINGS E CONDOMINIUM ASSOCIATION, INC.</b> |   |

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| Principal Place of Business<br><b>HASTINGS E73<br/>W. PALM BEACH FL 33417<br/>US</b> | Mailing Address<br><b>HARRIS ARNOLD P<br/>HASTINGS E73<br/>WEST PALM BEACH FL 33417<br/>US</b> |
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|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/07)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1645981</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>HARRIS, ARNOLD P<br/>HASTINGS E-73<br/>CENTURY VILLAGE<br/>WEST PALM BEACH FL 33417</b> |
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| <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |
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| 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.<br><br>SIGNATURE <u><i>Arnold P. Harris</i></u> <b>2/12/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE |
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| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b> |
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| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| <b>Make Check Payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                                  |                                 |
|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP          | <input type="checkbox"/> Delete |
| PD<br>HARRIS, ARNOLD P<br>HASTING E 73<br>WEST PALM BCH. FL |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP          | <input type="checkbox"/> Delete |
| VPD<br>BAKER, FRED<br>HASTING E-79<br>WEST PALM BCH FL      |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP          | <input type="checkbox"/> Delete |
| D<br>HANS, FRANK<br>HASTINGS E 75<br>WEST PALM BCH FL       |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP          | <input type="checkbox"/> Delete |
| SD<br>FOY, JOHN<br>HASTINGS E 77<br>WEST PALM BCH. FL       |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP          | <input type="checkbox"/> Delete |
| T<br>CHUDOW, ROSLYN<br>HASTINGS E-72<br>WEST PALM BEACH FL  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP          | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D<br>BRAYSON, ANN<br>HASTINGS E 67<br>WEST PALM BCH FL 33417     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D<br>FONTINELL, CAROL<br>HASTINGS E 76<br>WEST PALM BCH FL 33417 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: *Arnold P. Harris* **ARNOLD P. HARRIS 2/12/08 561-684-3405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #