



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90061 005 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # 742448</b><br>1. Entity Name<br><b>HASTINGS F CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>81 HASTINGS BUILDING F<br/>81 CENTURY VILLAGE<br/>WEST PALM BEACH, FL 33417</b>  |  |  | Mailing Address<br><b>81 HASTINGS BUILDING F<br/>81 CENTURY VILLAGE<br/>WEST PALM BEACH, FL 33417</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   |   |  |
| City & State   |  | City & State   |   | 01232008 Chg-NP CR2E037 (12/06)   |  |
| Zip  |  | Country  |   | 4. FEI Number<br><b>59-1645984</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GIORGIO, RICHARD<br/>81 HASTINGS BUILDING F<br/>WEST PALM BEACH, FL 33417</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |   |  |
| 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 _____  |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>GIORGIO, RICHARD<br/>81 HASTINGS BUILDING F<br/>WEST PALM BEACH, FL 33417</b>        | <input type="checkbox"/> Delete  | 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   | TS<br><b>GOLDSTOBE, IRVING<br/>HASTINGS F88 CON VILLAGE<br/>WEST PALM BEACH, FL 33417</b>    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Director Gold Stone</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TS<br><b>DOKA, ANGELO D<br/>95 HASTINGS BUILDING F<br/>WEST PALM BEACH, FL 33417</b>         | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SECRETARY Dora D'Angelo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | RS<br><b>OLEANER, EVELYN<br/>HASTINGS F83 CENTURY VILLAGE<br/>W PALM BCH, FL 33417</b>       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br><b>GENDLEMAN, MARTIN<br/>85 HASTINGS F MARTIN VILLAGE<br/>WEST PALM BEACH, FL 33412</b> | <input type="checkbox"/> Delete  | 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"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TREASURER JACQUELINE G. D'Angelo</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>81 HASTINGS F<br/>WEST PALM BEACH FL 33417</b> |  |
| 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: <i>Jacqueline Giorgio</i>   |  |  | Date: <b>2/8/08</b> Daytime Phone #: <b>561 681 9289</b>  |   |  |