


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

40044104

DOCUMENT # 742449				02-11-2008 90052 044 ****61.25	
1. Entity Name HASTINGS G CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 106 HASTINGS G WEST PALM BEACH, FL 33417 US		Mailing Address SHIRLEY AVERY 106 WEST PALM BEACH, FL 33417 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01232008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2643174	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AVERY, SHIRLEY 106 HASTINGS G 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTONYA, KEVIN		NAME	COSTANZA	
STREET ADDRESS	113 HASTINGS G		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVERY, SHIRLEY		NAME	DIANE HELMKE	
STREET ADDRESS	106 HAWKEAGLE G.		STREET ADDRESS	98 HASTINGS G	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	PAVERY SHIRLEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSELYN, YENTIS		NAME	106 HASTINGS G	
STREET ADDRESS	107 HASTINGS G		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD DOROTHEA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORATHEN, KIRK		NAME		
STREET ADDRESS	99 HASTINGS G		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	BM PAPUZZA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPPIZZA, FRANK		NAME		
STREET ADDRESS	104 HASTINGS G		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALTO, FRANK		NAME		
STREET ADDRESS	100 HASTINGS G		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33417		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: <i>Shirley Avery</i>			2-7-08 561-686-1016		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		