

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742449

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** HASTINGS G CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

106 HASTINGS G  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

C/O SHIRLEY AVERY  
106 HASTINGS G  
WEST PALM BEACH, FL 33417 US

**Current Mailing Address:**

SHIRLEY AVERY  
106 HASTINGS G  
WEST PALM BEACH, FL 33417 US

**New Mailing Address:**

C/O SHIRLEY AVERY  
106 HASTINGS G  
WEST PALM BEACH, FL 33417 US

**FEI Number:** 59-2643174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVERY, SHIRLEY  
106 HASTINGS G  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

YENTIS, ROSLYN  
107 HASTINGS G  
WEST PALM BEACH, FL 33417 US

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.

SIGNATURE: ROSLYN YENTIS

03/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AVERY, SHIRLEY  
Address: 106 HASTINGS G  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: AVP  
Name: MONTALTO, FRANK  
Address: 100 HASTINGS G  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T  
Name: YENTIS, ROSLYN  
Address: 107 HASTINGS G  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S  
Name: KIRK, DOROTHEA  
Address: 97 HASTINGS G  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: AVP  
Name: GERMAIN, EUGENE  
Address: 99 HASTINGS G  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: HELMKE, DIANE  
Address: 98 HASTINGS G  
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GALE CORONA

MS

03/04/2010

Electronic Signature of Signing Officer or Director

Date