## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # 742763  1. Entity Name HASTINGS I CONDOMINIUM ASSOCIATION, INC.					04	-14-2008	90040 004 **	***61.	.25
Principal Place of Business Mailing Ad 148 HASTINGS I 148 HAS WEST PALM BEACH, FL 33417 US WEST PAL						lean rear <b>s</b> glyss u			
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252008 <sub>Ch</sub>	ıg-NP	CR2E037 (1	2/06)	
City & State		City & State			4. FEI Number 59-164596	3		$\rightarrow$	plied For t Applicable
Zip	Country	Zip	<u> </u>		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		-Name	7. Name and Addr	ess of New I	Registered Agent	t	
MCLAGHE				<u> </u>					
148 HASTINGS I WEST PALM BEACH, FL 33417				Street Address (P.O. Box Number is Not Acceptable)					
				City		·	FL Z	Zip Code	
	named entity submits this statement for tions of registered agent.	or the purpose of changir	ng its register	ed office or registe	ered agent, or both, in t	the State of FI	orida. I am famili	ar with,	and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name in registered agent	and the mappicable.	(NOTE: Registere	ia Agent signature require	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election	Campaign Fund Contribut	Financing	\$5.00 May Be Added to Fees		Make check pay		
10.	Filing Fee is \$61.25	9. Election Trust F	n Campaign F	Financing		Flo	lake check pay rida Departmen	nt of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI	9. Election Trust F	n Campaign F und Contribut 11.	Financing ion.	\$5.00 May Be Added to Fees	Flo	Make check pay rida Departmen	nt of St	ate
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12. I hereby certify that the information supplied with this filling 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 place like empowered.

SIGNATURE:

D. W. M. COURL A.W. M. LOUGHLISU SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/27/08

561-684 -0805 Daytime Phone #