

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90028 011 ****70.00

DOCUMENT # N03000010029					
1. Entity Name HASVANDO BUILDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4445 A-1-A HIGHWAY VERO BEACH, FL 32963			Mailing Address 4445 A-1-A HIGHWAY VERO BEACH, FL 32963		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0409509		Applied For Not Applicable			
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HATCH, IRA C 1701 HIGHWAY A-1-A- SUITE 220 VERO BEACH, FL 32963			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 _____ (NOTE: Registered Agent signature required when restate) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRIMM, HANS 4445 A-1-A HIGHWAY VERO BEACH, FL 32963	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KOBBER, JOYCE 4445 A-1-A HIGHWAY VERO BEACH, FL 32963	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCH, IRA C 1701 A-1-A- HIGHWAY VERO BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYERS, ELAINE 4445 A-1-A HIGHWAY VERO BEACH, FL 32963	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Maryann C. Harty</i>		4/16/04		772-231-4017	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	