


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90004 027 \*\*\*\*61.25

<b>DOCUMENT # N35306</b> 1. Entity Name <b>EASTHAMPTON "H" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>184 EASTHAMPTON H WEST PALM BEACH, FL 33417 US</b>			Mailing Address <b>SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE, # 175 WEST PALM BEACH, FL 33409 US</b>		
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 <b>59-2241626</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JUCHNIEWICZ, XOMARA 184 EATHAMPTON H WEST PALM BEACH, FL 33417</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JUCHNIEWICZ, XOMARA</b>		NAME		
STREET ADDRESS	<b>184 EASTHAMPTON H</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MILLER, ELEANOR</b>		NAME		
STREET ADDRESS	<b>179 EAST HAMPTON H.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>'LOIERO, TERRY'</b>		NAME		
STREET ADDRESS	<b>174 EASTHAMPTON H</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HULETT, GUY S</b>		NAME	<b>SHAUREEN CLARK</b>	
STREET ADDRESS	<b>173 EASTHAMPTON H</b>		STREET ADDRESS	<b>176 EASTHAMPTON H.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP	<b>W.P.B., FL. 33417</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARBER, MARY</b>		NAME		
STREET ADDRESS	<b>177 EASTHAMPTON H</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAIORANO, ETHEL</b>		NAME		
STREET ADDRESS	<b>183 EASTHAMPTON H</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>W. PALM BEACH, FL 33417</b>		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>Xomara Turlin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7/10/06</b> Daytime Phone # <b>561-242-4908</b>		