


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUN -9 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N35306					
1. Entity Name EASTHAMPTON "H" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 184 EASTHAMPTON H WEST PALM BEACH, FL 33417 US			Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE, # 175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2241626	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JUCHNIEWICZ, XOMARA 184 EATHAMPTON H WEST PALM BEACH, FL 33417			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 reappointing) DATE _____					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P JUCHNIEWICZ, XOMARA 184 EASTHAMPTON H WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000131390190 06/17/08--01004--027 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, ELEANOR 179 EAST HAMPTON H. WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOIERO, TERRY 174 EASTHAMPTON H WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARILYN BORDELEAU 188 EASTHAMPTON H WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, MAUREEN 176 EAST HAMPTON H WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, MARY 177 EASTHAMPTON H WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMA MAILLÉ 181 EASTHAMPTON H WEST PALM BEACH FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIORANO, ETHEL 183 EASTHAMPTON H W. PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Marilyn Bordeleau</u> MARILYN BORDELEAU, T 4/6/08 56684-6321					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

TITLE	D	<input type="checkbox"/> Change
NAME	MARTA URRUTIA	
STREET ADDRESS	192 EAST HAMPTON H	<input checked="" type="checkbox"/> Addition
CITY ST.	NEST PALM BEACH, FL	
ZIP	33417	