

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37860

FILED
Mar 30, 2011
Secretary of State

Entity Name: EASTHAMPTON B CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

27 EASTHAMPTON B
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

EASTHAMPTON B C/O SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 59-1728260 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ENRIGHT, GAYLE L
27 EASTHAMPTON B
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: KELLNER, ROBERT
Address: 38 EASTHAMPTON B
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP
Name: AKAGI, JOHN
Address: 30 EASTHAMPTON B
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S
Name: DESANTIS, ROSE
Address: 41 EASTHAMPTON B
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T
Name: ENRIGHT, GAYLE L
Address: 27 EASTHAMPTON B
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: BARATZ, PAUL
Address: 25 EASTHAMPTON B
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: HLASTAWA, THERESA
Address: 37 EASTHAMPTON B
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: SUSAN HASSETT

MGRM

03/30/2011

Electronic Signature of Signing Officer or Director

_____ Date