

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N42994

1. Entity Name
HASTINGS A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**HASTINGS A, APT. A-1
CENTURY VILLAGE
WEST PALM BEACH, FL 33417**

Mailing Address
**HASTINGS A, APT. A-1
CENTURY VILLAGE
WEST PALM BEACH, FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

, Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**POLLOCK, MADALYN
HASTINGS A CONDOMINIUM, APT. A-1
CENTURY VILLAGE
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name **GEORGE LOEWENSTEIN**
Street Address (P.O. Box Number Is Not Acceptable)
**5 HASTINGS A.
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/29/05

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 POLLOCK, MADALYN HASTINGS A-1 WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGE LOEWENSTEIN 5 HASTINGS A. WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENBERG, ETHEL HASTINGS A-2 WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DOROTHY LOEWENSTEIN 5 HASTINGS A. WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, ART HASTINGS A-11 WEST PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RHODA NADEL 14 HASTINGS A. WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADEL, RHODA HASTINGS A-14 WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MAOALYN POLLOCK 1 HASTINGS A. WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/05

Date

561-686-6874

Daytime Phone #

**FILED
Aug 05, 2005 8:00 am
Secretary of State**

02-08-2005 90015 042 ****61.25

08-05-2005 90002 002 ****61.25

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07272005 Chg-NP CR2E037 (10/03)