

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

**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

**50060099**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-1645976

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

Name GEORGE LOEWENSTEIN  
Street Address (P.O. Box Number Is Not Acceptable)  
5 HASTINGS A.  
CENTURY VILLAGE  
City 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 obligation of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 PD ☒ Delete  
NAME POLLOCK, MADALYN  
STREET ADDRESS HASTINGS A-1  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME GEORGE LOEWENSTEIN  
STREET ADDRESS 5 HASTINGS A  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE SD ☒ Delete  
NAME ROSENBERG, ETHEL  
STREET ADDRESS HASTINGS A-2  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME DOROTHY LOEWENSTEIN  
STREET ADDRESS 5 HASTINGS A.  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE TD ☐ Delete  
NAME COHEN, ART  
STREET ADDRESS HASTINGS A-11  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE AS SECRETARY ☒ Change ☐ Addition  
NAME RHODA NADEL  
STREET ADDRESS 14 HASTINGS A.  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE D ☒ Delete  
NAME NADELKL, RHODA  
STREET ADDRESS HASTING A-14  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME MADALYN POLLOCK  
STREET ADDRESS 1 HASTINGS A.  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

561-686-6854

Daytime Phone #