

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90076 016 ****61.25

DOCUMENT # N43611 1. Entity Name EASTHAMPTON F CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 121 EAST HAMPTON F WEST PALM BEACH, FL 33417		Mailing Address 121 EASTHAMPTON F WEST PALM BEACH, FL 33417	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address SEACREST SERVICES, INC 2400 Center Park W. Drive Suite 175 West Palm Beach, FL 33409-6405	
6. Name and Address of Current Registered Agent GUMINA, SALVATORE 121 EAST HAMPTON F WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		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 DT Treas. <input type="checkbox"/> Delete NAME GUMINA, SALVATORE STREET ADDRESS 121 EAST HAMPTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME SALLY SNYDER STREET ADDRESS 126 East Hampton F CITY-ST-ZIP W.P.Bch. FL. 33417	TITLE BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Jim Gustus STREET ADDRESS 143 East Hampton F CITY-ST-ZIP W.P.Bch. FL. 33417	
TITLE D Board <input type="checkbox"/> Delete NAME MCALDER, JOHN STREET ADDRESS 144 EAST HAMPTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE D Vice Pres. <input type="checkbox"/> Delete NAME SILVERMAN, FRED STREET ADDRESS 138 EARL HAMTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417		
TITLE D PRES. <input type="checkbox"/> Delete NAME KANARS, SAM STREET ADDRESS 129 EASTHAMPTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE D <input checked="" type="checkbox"/> Delete NAME WEISS, MORTON P. STREET ADDRESS EASTHAMPTON, F-129 CITY-ST-ZIP WEST PALM BEACH, FL		
TITLE SD Secretary <input type="checkbox"/> Delete NAME ABRAMS, SOL STREET ADDRESS 132 EASTHAMPTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <u><i>Sam Kanars</i></u> SAM KANARS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>July 11, 2005</u> Daytime Phone #: <u>561-686-7145</u>	