



2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90034 050 ****61.25

DOCUMENT # N43611					
1. Entity Name EASTHAMPTON F CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 121 EAST HAMPTON F WEST PALM BEACH, FL 33417-1921			Mailing Address SEAGREST SERVICES, INC. 2400 CENTER PARK W DRIVE, SUITE 175 WEST PALM BEACH, FL 33409-6405		
2. Principal Place of Business EASTHAMPTON F CONDO ASSOC. INC. Suite, Apt. #, etc. 126 EASTHAMPTON F City & State WEST PALM BEACH FL Zip 33417-1921		3. Mailing Address PRUITT'S PROPERTY MANAGEMENT, INC. 3575 HOMEWOOD ROAD WEST PALM BEACH FL 33409 PALM BEACH			
4. FEI Number 59-1652775				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 GUMINA, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 121 EASTHAMPTON F WEST PALM BEACH FL 33417-1921 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 _____ <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 May 1, 2006		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 T NAME GUMINA, SALVATORE STREET ADDRESS 121 EAST HAMPTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE B NAME GUSTUS, JAMES STREET ADDRESS 124 EASTHAMPTON F CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE B NAME MCALDER, JOHN STREET ADDRESS 144 EAST HAMPTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME SILVERMAN, FRED STREET ADDRESS 138 EARL HAMTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME KANARS, SAM STREET ADDRESS 129 EASTHAMPTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME SNYDER, SALLY STREET ADDRESS 126 EAST HAMPTON E CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE B NAME ABRAMS, SOL STREET ADDRESS 132 EASTHAMPTON F CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-13-2006 Daytime Phone # 561-616-8261		