

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	
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 _____ 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 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 NAME STREET ADDRESS CITY-ST-ZIP	T GUMINA, SALVATORE 121 EAST HAMPTON F WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B GUSTUS, JAMES 124 EASTHAMPTON F WEST PALM BEACH FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B MCALEER, JOHN 144 EAST HAMPTON F WEST PALM BEACH, FL 33417 <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	VP SILVERMAN, FRED 138 EARL HAMTON F WEST PALM BEACH, FL 33417 <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	P KANARS, SAM 129 EASTHAMPTON F WEST PALM BEACH, FL 33417 <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	S SNYDER, SALLY 126 EAST HAMPTON E WEST PALM BEACH, FL 33417 <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	B ABRAMS, SOL 132 EASTHAMPTON F WEST PALM BEACH, FL 33417 <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 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: 		2-13-2006 561-616-8261	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	