


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90150 011 ****61.25

DOCUMENT # N43611 1. Entity Name EASTHAMPTON F CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business EAST HAMPTON F CONDO ASSOC., INC 126 EASTHAMPTON F WEST PALM BEACH, FL 33417			Mailing Address PROPERTY MANAGEMENT INC. 2575 HOMEWOOD RD WEST PALM BEACH, FL 33409-6405		
2. Principal Place of Business - No P.O. Box # <i>PRUITT'S PROPERTY MGMT</i> Suite, Apt. #, etc. <i>2575 Homewood Rd.</i>		3. Mailing Address <i>PRUITT'S PROPERTY MGMT.</i> Suite, Apt. #, etc. <i>2575 Homewood Rd.</i>			
City & State <i>WEST PALM BEACH, FL</i>		City & State <i>WEST PALM BEACH, FL</i>		4. FEI Number 04052007 Chg-NP CR2E037 (12/06) 59-1652775	
Zip <i>33409</i>		Country <i>USA</i>		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 <i>PRUITT'S PROPERTY MGMT</i> Street Address (P.O. Box Number is Not Acceptable) <i>2575 Homewood Rd.</i> <i>WEST PALM BEACH</i> City <i>WEST PALM BEACH</i> FL Zip Code <i>33409</i>	
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 <i>Donna Pruitt</i> DATE <i>4-12-07</i> <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, 2007		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	<input type="checkbox"/> Change <input 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: <i>Sally Snyder</i> DATE <i>4-12-07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					