


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90137 003 ****61.25

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| DOCUMENT # 742761 |  |
| 1. Entity Name EASTHAMPTON A CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business EASTHAMPTON A-4 CENTURY VILLAGE WEST PALM BEACH FL 33417 US | Mailing Address EASTHAMPTON A-4 CENTURY VILLAGE WEST PALM BEACH FL 33417 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE #175 WEST PALM BEACH, FL 33409 |
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1st MOORE CR2E037 (10/04)

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| 4. FEI Number 59-1648584 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CANEVA, JOAN EASTHAMPTON A-16 WEST PALM BEACH FL 33417 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SEIDNER, JACK EASTHAMPTON A-20 W PALM BCH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACK SEIDNER EASTHAMPTON A-20 WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LOMONICO, SAM EASTHAMPTON A-12A WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HAZEL GORDON EASTHAMPTON A-6 WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SARRO, IRENE EASTHAMPTON A-24 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEVE ROWE EASTHAMPTON A-3 WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SCHWARTZ, ANN EASTHAMPTON A-5 WEST PALM BEACH FL <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 | TD GAROLSKY, DOROTHY EASTHAMPTON A-4 WEST PALM BCH FL <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 | PD CANEVA, JOAN EASTHAMPTON A-16 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 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: *Joan Caneva* **JOAN CANEVA** **3/31/05** **686-2672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #