## **FILED** Mar 09, 2006 8:00 am Secretary of State 03-09-2006 90158 044 \*\*\*\*61.25

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DOCUMENT #765017  1. Entity Name HAMPTONS WEST CONDOMINIUM ASSOCIATION, INC.  Principal Place of Business  Mailing Address						03-09-2006	90158 044 ****6	51.25
Principal Place of Business HAMPTONS WEST CONDO AVENTURA, FL 33180  Mailing Address 20281 EAST COUNTRY CL AVENTURA, FL 33180				RIVE		ories muri <b>80:1</b> 1 kWh emm	1 87211 B1311 G1811 W1811 W1811 G181	S(172) as 1821
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02232006	Chg-NP	CR2E037 (11/05)	
City & State		City & State	City & State		4. FEI Number 59-2469	187	——————————————————————————————————————	pplied For ot Applicable
Zip	Cauntry	Zip	Cou	ntry		f Status Desired	See Require	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New R	Registered Agent	
3111 STIR	AND POLIAKOF, EMERALD L LING RD.	Phillips, Eisinger & Brown, P.A.  Privet Address (P.O. Box Number is Not Acceptable)  PRESIDENTIAL CIRCLE, SUITE 265-5						
FT. LAUDERDALE, FL 33312-6525				4000 40	<u>olly wood</u> . 2	<u>I Boole</u>	FL Zip Coo	ie V2 \
	named entity submits this statement fi ions of registered agent.	or the purpose of changing	its registere	ed office of register	red agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	vi and title if annicable (Ni	OTE: Registerer	A Acres to Secretary and secretary	<del></del>	<u>.</u>	DATE	
		a dire inc i oppione.	OTE. Hogistoron	y whelit signatore redning	d when reinstating)		DATE	
	Filing Fee Is \$61.25 Due by May 1, 2006	9. Election C		inancing	\$5.00 May Be Added to Fees		Take check payable rida Department of S	
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Fund the intermediate of the signing officer or director | Date | Dayline Prove #