

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90158 044 ****61.25

DOCUMENT # 765017 1. Entity Name HAMPTONS WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business HAMPTONS WEST CONDO AVENTURA, FL 33180			Mailing Address 20281 EAST COUNTRY CLUB DRIVE AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2469187	
				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			7. Name and Address of New Registered Agent		
HIRSCH, ELLEN P BECKER AND POLIAKOF, EMERALD LAKE CORPORAT 3111 STIRLING RD. FT. LAUDERDALE, FL 33312-6525			Phillips, Eisinger & Brown, P.A. Street Address (P.O. Box Number is Not Acceptable) PRESIDENTIAL CIRCLE, suite 265-S 4000 Hollywood Boulevard City: Hollywood FL Zip Code: 33021		
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 _____					
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 DVPD NAME HILDEBRANDT, SANFORD STREET ADDRESS 20281 E. COUNTRY CLUB DRIVE Apt 1402 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE PD NAME LAWRENCE Rogovin STREET ADDRESS 20281 E. Country Club Dr Apt 1901 CITY-ST-ZIP Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FORDIN, SIDNEY STREET ADDRESS 20281 E. COUNTRY CLUB DRIVE CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE D NAME FRANCIS Markis STREET ADDRESS 20281 E. Country Club Dr Apt 1010 CITY-ST-ZIP Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SCHULTZ, MARTIH STREET ADDRESS 20281 E COUNTRY CLUB DR CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE SD NAME MARCOS Rodriguez STREET ADDRESS 20281 E. Country Club Dr Apt 2505 CITY-ST-ZIP Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T.D NAME RIBACK, JUIETTE STREET ADDRESS 20281 E COUNTRY CLUB DR Apt 2211 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE D NAME Stuart Werner STREET ADDRESS 20281 E. Country Club Dr Apt 1502 CITY-ST-ZIP Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME NEDBOR, NIKKI STREET ADDRESS 20281 E COUNTRY CLUB DR CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" 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	<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: <u>Lawrence H. Rogovin, PD</u> 3/3/06 705-932-3210 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					