

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770573 (4)

1. Corporation Name

THE BARCLAY AT HAMPTONS WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 10001 W OAKLAND PARK BLVD SUNRISE FL 33351
Mailing Address: 10001 W OAKLAND PARK BLVD SUNRISE FL 33351

3. Date Incorporated or Qualified: 10/05/1983
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2516745
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes (checked) No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLD COAST PROPERTY MANAGEMENT, INC.
10001 W OAKLAND PARK BLVD
SUNRISE FL 33351

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	VERGONA, ROSE	<input type="checkbox"/> DELETE
NAME		8010 HAMPTONS BLVD.	
STREET ADDRESS		N. LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	VP	NARDUCCI, RALPH	<input type="checkbox"/> DELETE
NAME		8010 HAMPTONS BLVD.	
STREET ADDRESS		N. LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	T	LEWIS, SELMA	<input checked="" type="checkbox"/> DELETE
NAME		8010 HAMPTONS BLVD.	
STREET ADDRESS		NO LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	S	JAVER, ARCHIE	<input type="checkbox"/> DELETE
NAME		8010 HAMPTONS BLVD.	
STREET ADDRESS		NO LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	D	GREENE, ROBERT	<input type="checkbox"/> DELETE
NAME		8010 HAMPTONS BLVD.	
STREET ADDRESS		NO LAUDERDALE FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Ben Schifano
33 STREET ADDRESS	8010 Hampton Blvd.
34 CITY-ST-ZIP	N. Lauderdale
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose Vergona Rose Vergona President 1/29/96 721-7518

CR2E037 (12/95)