


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90113 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770573**

1. Corporation Name  
**THE BARCLAY AT HAMPTONS WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business A & M PROPERTY MANAGEMENT 3475 HIATUS RD SUNRISE FL 33351 US	Mailing Address A & M PROPERTY MANAGEMENT 3475 HIATUS RD SUNRISE FL 33351 US
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21 Principal Place of Business Suite; Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>10/05/1983</b>	4. FEI Number <b>59-2516745</b>	Applied For <input type="checkbox"/> Not Applicable
23	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent

**A & M PROPERTY MANAGEMENT INC**  
**3475 HIATUS RD**  
**SUNRISE FL 33351**

10. Name and Address of New Registered Agent

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

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: *[Signature]* DATE: **3/5/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jihad El Eid	
1.3 STREET ADDRESS	8010 Hamptons Blvd.	
1.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joan Bien	
2.3 STREET ADDRESS	8010 Hamptons Blvd.	
2.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Melba Vlahakis	
3.3 STREET ADDRESS	8010 Hamptons Blvd.	
3.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vicki Naylor	
4.3 STREET ADDRESS	8010 Hamptons Blvd.	
4.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ardie Javer	
5.3 STREET ADDRESS	8010 Hamptons Blvd.	
5.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3/16/99** DAYTIME PHONE: **454-721-6167**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0039696 CR2E037 (1/198)