

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04531 (2)

1. Corporation Name

HAMPTONS WEST MASTER ASSOCIATION, INC.



Principal Place of Business C/O GOLD COAST MANAGEMENT 10001 W OAKLAND PARK BLVD SUNRISE FL 33351	Mailing Address C/O GOLD COAST MANAGEMENT 10001 W OAKLAND PARK BLVD SUNRISE FL 33351
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3. Date Incorporated or Qualified 08/03/1984	3a. Date of Last Report 03/29/1995
4. FEI Number 59-2437660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLD, AL	
STREET ADDRESS	8030 HAMPTON BLVD	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRED SCHEFFLER	
STREET ADDRESS	8000 HAMPTONS BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERGONA, ROSE	
STREET ADDRESS	8010 HAMPTON BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DIAMOND, JERRY	
STREET ADDRESS	8020 HAMPTON BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COHEN, BUDDY	
STREET ADDRESS	8030 HAMPTON BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAVER, ARCHIE	
STREET ADDRESS	8010 HAMPTON BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:

James David Brindley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/98
Date

721-6570
Daytime Phone #

CR2E037 (12/95)