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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04531 (2)
1. Corporation Name
HAMPTONS WEST MASTER ASSOCIATION, INC.



Principal Place of Business A M PROPOERTY MANAGEMENT INC 3475 HIATUS ROAD SUNRISE FL 33351 US	Mailing Address A M PROPERTY MANAGEMENT, INC 3475 HIATUS ROAD SUNRISE FL 33351 US
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3. Date Incorporated or Qualified 08/03/1984		
4. FEI Number 59-2437660	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WALDRON, MALCOLM H III
10001 W OAKLAND PARK BLVD
3475 HIATUS ROAD
SUNRISE FL 33351**

10. Name and Address of New Registered Agent
81 Name **Malcolm H. Waldron, III**
82 Street Address (P.O. Box Number is Not Acceptable)
3475 Hiatus Road
83
84 City **Sunrise** FL 85 Zip Code **33351**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: **4/6/98**
(NOTE: Registered Agent signature required when reinstating)

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	D	<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	D	<input type="checkbox"/> DELETE
NAME	DIAMOND, JERRY	
STREET ADDRESS	8020 HAMPTON BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	D	<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	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fred Scheffler
2.3 STREET ADDRESS	8000 Hampton Blvd.
2.4 CITY-ST-ZIP	North Lauderdale, FL
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	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JERRY DIAMOND
4.3 STREET ADDRESS	8020 Hampton Blvd.
4.4 CITY-ST-ZIP	North Lauderdale, FL
5.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Buddy Cohen
5.3 STREET ADDRESS	8030 Hampton Blvd.
5.4 CITY-ST-ZIP	North Lauderdale, FL
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.

SIGNATURE: *[Signature]* DATE: **4/6/98** 741-4666

CP2E037 (10/97)