

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91742 042 ****61.25

DOCUMENT # N04531 ✓
1. Entity Name

Hamptons Westmaster Assoc, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Continental Group
Suite, Apt. #, etc. 2950 N. 28 Terr

3. Mailing Address
2950 N. 28 Terr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood Fl
Zip 33020 Country USA

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Zip 33020 Country USA

4. FEI Number
59-2437660
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name Katzman & Korr, P.A.
Street Address (P.O. Box Number is Not Acceptable)
5581 W. Oakland Park Blvd, 2nd Floor
City Lauderhill FL Zip Code 33313

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.

SIGNATURE Leigh C. Katzman, Esq. DATE 5/16/02
Signature, typed or printed name of registrant, and date if applicable. (DATE: Registered Agent signature required when nonresident)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Thompson, Madeline
STREET ADDRESS 8000 Hamptons Blvd
CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME Jayne, Chuck (William)
STREET ADDRESS 8040 Hamptons Blvd
CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME Steif, Doreen
STREET ADDRESS 8030 Hamptons Blvd
CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME Morris Steve
STREET ADDRESS 8000 Hamptons Blvd.
CITY-ST-ZIP N. Lauderdale, FL 33068

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12. 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 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 on an attachment with an address, with all other like empowered

SIGNATURE: William C. Jayne, VP DATE 5/1/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)