

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90707 026 \*\*\*\*61.25

0027382

**DOCUMENT # 765017**

1. Entity Name

**HAMPTONS WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**20281 EAST COUNTRY CLUB DRIVE  
 AVENTURA FL 33180**

**20281 EAST COUNTRY CLUB DRIVE  
 AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2469187**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIRSCH, ELLEN P  
 BECKER AND POLIAKOF, EMERALD LAKE CORPORAT  
 3111 STIRLING RD.  
 FT. LAUDERDALE FL 33312-6525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
 NAME **BLOOM, DORIS**  
 STREET ADDRESS **20281 E COUNTRY CLUB DRIVE**  
 CITY-ST-ZIP **AVENTURA FL**

TITLE **S** ☒ Change ☐ Addition  
 NAME **FRAN MARKIS**  
 STREET ADDRESS **20281 E. COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **P** ☐ Delete  
 NAME **MARKIS, FRAN**  
 STREET ADDRESS **20281 E COUNTRY CLUB DRIVE**  
 CITY-ST-ZIP **AVENTURA FL**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **MARTIN SCHULTZ**  
 STREET ADDRESS **20281 E. COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **S** ☒ Delete  
 NAME **MICHAELSON, LAURA**  
 STREET ADDRESS **20281 E. COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **P** ☐ Change ☒ Addition  
 NAME **JEROME GOLDMAN**  
 STREET ADDRESS **20281 E. COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **T** ☐ Delete  
 NAME **SCHULTZ, MARTIN**  
 STREET ADDRESS **20281 E COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **JULIETTE RIBACK**  
 STREET ADDRESS **20281 E. COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **VP** ☒ Delete  
 NAME **KASTEN, MELVIN**  
 STREET ADDRESS **20281 E COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D T** ☐ Change ☒ Addition  
 NAME **MARSHALL RUFF**  
 STREET ADDRESS **20281 E. COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **D** ☐ Delete  
 NAME **WAGENBERG, SAUL**  
 STREET ADDRESS **20281 E CNTRY CLUB DR**  
 CITY-ST-ZIP **N MIAMI BCH. FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SANFORD HILDEBRANDT**  
 STREET ADDRESS **20281 E. COUNTRY CLUB DR**  
 CITY-ST-ZIP **AVENTURA, FL**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 305 932 3210

CR2E037 (9/01)