

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765017

**Entity Name:** HAMPTONS WEST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**20281 E. COUNTRY CLUB DRIVE  
AVENTURA, FL 33180**Current Mailing Address:**20281 E. COUNTRY CLUB DRIVE  
AVENTURA, FL 33180**FEI Number:** 59-2469187**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACKER ABOUD POLIAKOFF & FOELSTER, LLP  
BACKER ABOUD POLIAKOFF & FOELSTER  
400 S. DIXIE HIGHWAY SUITE 420  
BOCA RATON, FL 33432 US*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:** RYAN D. POLIAKOFF

01/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HERRING, JOLINDA  
Address        20281 E. COUNTRY CLUB DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            VP  
Name            MASIA, BRUCE  
Address        20281 EAST COUNTRY CLUB DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            SECRETARY  
Name            OVALLE, JORGE  
Address        20281 E. COUNTRY CLUB DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            TREASURER  
Name            THOMPSON, DAVID  
Address        20281 E. COUNTRY CLUB DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            KATZIN, LILLIAN  
Address        20281 E. COUNTRY CLUB DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            ETH, SPENCER  
Address        20281 E. COUNTRY CLUB DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            BRENNAN, DOUGLAS  
Address        20281 E. COUNTRY CLUB DRIVE  
City-State-Zip: AVENTURA FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HERRING , JOLINDA

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date