

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 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 33351-0925
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3. Date Incorporated or Qualified 08/03/1984	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21 A+M Property Mgmt, Inc Suite, Apt. #, etc. 22 3475 Hiatus Rd City & State 23 SUNRISE, FL Zip 24 33351	2a. Mailing Address A+M Property Mgmt, Inc Suite, Apt. #, etc. 27 3475 Hiatus Rd City & State 28 SUNRISE, FL Zip 29 33351	Country 25 U.S.A 30 U.S.A
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4. FEI Number 59-2437660	Applied For <input type="checkbox"/> 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	

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 **Malcolm H Waldron III**
 82 Street Address (P.O. Box Number is Not Acceptable)
26 A+M Prop. Mgmt, Inc
 83 **3475 HIATUS ROAD**
 84 City **SUNRISE** FL 85 Zip Code **33351**

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]* DATE **4/14/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** *Jerry Diamond President* Date **4/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0037902

CR2E037 (9/96)