


FILE NOW: FILING FEE IS \$61.25

FILED

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

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**

12. OFFICERS AND DIRECTORS

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

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