


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90116 020 ****61.25

0039707

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N04531
1. Corporation Name
HAMPTONS WEST MASTER ASSOCIATION, INC.

Principal Place of Business A M PROPOERTY MANAGEMENT INC 3475 HIATUS ROAD SUNRISE FL 33351 US	Mailing Address A M PROPERTY MANAGEMENT, INC 3475 HIATUS ROAD SUNRISE FL 33351 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2437660
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
**WALDRON, MALCOLM H III
3475 HIATUS ROAD
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name A M Property MGT
82 Street Address (P.O. Box Number is Not Acceptable) 3475 North Hiatus Road
83
84 City Sunrise
85 Zip Code FL 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Madeline Thompson	
1.3 STREET ADDRESS 8020 Hamptons Blvd.	
1.4 CITY-ST-ZIP N. Lauderdale, FL 33068	
2.1 TITLE VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Al Gold	
2.3 STREET ADDRESS 8030 Hamptons Blvd.	
2.4 CITY-ST-ZIP N. Lauderdale, FL 33068	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Maury Issacson	
3.3 STREET ADDRESS 8040 Hamptons Blvd.	
3.4 CITY-ST-ZIP N. Lauderdale, FL 33068	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Buddy Cohen	
4.3 STREET ADDRESS 8030 Hamptons Blvd.	
4.4 CITY-ST-ZIP N. Lauderdale, FL 33068	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* Date Day/Time Phone # **722-0874**

CR2E037 (1/198)