

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90491 001 ****61.25

0044191

DOCUMENT # N00000001111

1. Entity Name

100 HIDDEN BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**3370 N.E. 190TH ST.
 AVENTURA FL 33180**

Mailing Address

**3370 N.E. 190TH ST.
 AVENTURA FL 33180**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o DCI

Suite, Apt. #, etc.

2035 Harding Str., Suite 200

City & State

Hollywood, FL 33020-2797

Zip

Country

4. FEI Number

65-0986009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEIDERMAN, MITCHELL
 3370 N.E. 190TH ST.
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **COLLINS, JOHN**
 STREET ADDRESS **2990 S. ATLANTIC BLVD.**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **VSD** ☒ Delete
 NAME **UANINO, ANTHONY**
 STREET ADDRESS **922 LEMON RD.**
 CITY-ST-ZIP **S. DAYTONA FL 32119**

TITLE **DT** ☐ Delete
 NAME **SCHNEIDERMAN, MITCHELL**
 STREET ADDRESS **3370 N.E. 190TH ST.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** ☐ Change ☒ Addition
 NAME **Allen Berkman**
 STREET ADDRESS **3370 N.E. 190th Street**
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

1/17/01

Date

973-467-9300

Daytime Phone #

CR2E037 (10/00)