2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0000001111

RT FILED
Dec 07, 2006
Secretary of State

Entity Name: 100 HIDDEN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

New Principal Place of Business:

New Principal Place of Business:

New Principal Place of Business:

HIDDEN BY CONDOMINIUM 3370 NE 190TH ST AVENTURA, FL 33180

FEI Number: 65-0986009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLIAKOFF, GARY A C/O BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete ROMANO, ROBERT L Name: Name: 3370 NE 190 ST. # 2408 Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: () Delete Title: () Change () Addition FISHMAN, HERBERT Name: Name: Address: 3370 NE 190 ST. # 3013 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: SVPD () Delete Title: () Change () Addition EARLMAN, MICHAEL Name: Name: Address: 3370 N.E. 190TH ST. # 2012 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: BEHAR, IRWIN I MR Name: Address: 3370 NE 190TH ST, 1203 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: () Delete Title: () Change () Addition BLOOM, LIZBETH Name: Name: 3370 NE 190TH ST. # 1802 Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip:

Title: () Delete Title: (X) Change () Addition BERKMAN, ALLEN BRAVERMAN, CHARLES Name: Name: Address: 3370 N.E. 190TH ST. # 1204 Address: 3370 N.E. 190TH ST. # 2510 AVENTURA, FL 33180 AVENTURA, FL 33180 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT L. ROMANO PRES 12/07/2006