2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N00000001111

Entity Name: 100 HIDDEN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0986009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: ROMANO, ROBERT L
Address: 3370 NE 190 ST. # 2408
City-St-Zip: AVENTURA, FL 33180

Title: VPD ( ) Delete
Name: FISHMAN, HERBERT
Address: 3370 NE 190 ST. # 3013
City-St-Zip: AVENTURA, FL 33180

Title: SVPD ( ) Delete
Name: EARLMAN, MICHAEL
Address: 3370 N.E. 190TH ST. # 2012
City-St-Zip: AVENTURA, FL 33180

Title: VPD ( ) Delete
Name: BEHAR, IRWIN I MR
Address: 3370 NE 190TH ST, 1203
City-St-Zip: AVENTURA, FL 33180

Title: SD ( ) Delete
Name: BLOOM, LIZBETH
Address: 3370 NE 190TH ST. # 1802
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete
Name: BRAVERMAN, CHARLES
Address: 3370 N.E. 190TH ST. # 2510
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 ROMANO PD 05/02/2007
Electronic Signature of Signing Officer or Director — Date