

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90205 010 *****61.25

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1. Entity Name
100 HIDDEN BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

**C/O DCI
2035 HARDING STREET STE 200
HOLLYWOOD FL 33020-2797**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0986009**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MEYER, BERNARD S
C/O DEVELOPMENT CONSULTANTS, INC.
2035 HARDING STREET, SUITE 200
HOLLYWOOD FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHERNIS, PAUL	
STREET ADDRESS	3370 N.E. 190TH ST.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FISHMAN, HERBERT	
STREET ADDRESS	3370 NE-190TH STREET	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	EARLMAN, MICHAEL	
STREET ADDRESS	3370 N.E. 190TH ST.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SPERANZA, BOB	
STREET ADDRESS	3370 N.E. 190TH ST.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, SAM	
STREET ADDRESS	3370 N.E. 190TH ST.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HELFELD, ARNOLD	
STREET ADDRESS	3370 N.E. 190TH ST.	
CITY-ST-ZIP	AVENTURA FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Romano	
STREET ADDRESS	3370 NE 190 ST	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert Fishman	
STREET ADDRESS	3370 NE 190 ST	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick DiMarzio	
STREET ADDRESS	3370 NE 190 ST	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Hayden	
STREET ADDRESS	3370 NE 190 ST #409	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN BERKMAN	
STREET ADDRESS	3370 NE 190 ST #1204	
CITY-ST-ZIP	Aventura, FL 33180	

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 Required **SD PD**

CR2E037 (10/02)