

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001111

Entity Name: 100 HIDDEN BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**PROPERTY MANAGEMENT OFFICE
3370 N.E. 190TH STREET
AVENTURA, FL 33180**Current Mailing Address:**PROPERTY MANAGEMENT OFFICE
3370 N.E. 190TH STREET
AVENTURA, FL 33180**FEI Number:** 65-0986009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF CHERYL LEVIN PA
COURTYARD BUSINESS CENTER
4694 NW 103 AVENUE
SUNRISE, FL 33351 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**Officer/Director Detail :**

Title PRES
Name RESNICK, ARNOLD
Address 3370 NE 190 ST. # 1508
City-State-Zip: AVENTURA FL 33180

Title SECRETARY
Name ROBINSON, HOWARD DR.
Address 3370 NE 190 ST. # 1807
City-State-Zip: AVENTURA FL 33180

Title TRES
Name NOVICK, IVAN
Address 3370 N.E. 190TH ST. #1609
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name FORD, MARK
Address 3370 NE 190TH ST, 2907
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name GREENBAUM, STEVE
Address 3370 NE 190TH ST, 807
City-State-Zip: AVENTURA FL 33180

Title VP
Name ROLAND, JOHN
Address 3370 NE 190TH ST, 2108
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name BERMAN, JUDY MRS.
Address PROPERTY MANAGEMENT OFFICE
 3370 N.E. 190TH STREET 3413
City-State-Zip: AVENTURA FL 33180

I hereby 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 all other like empowered.

SIGNATURE: IVAN NOVICK**BOARD TREASURER****04/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date