2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001111

Entity Name: 100 HIDDEN BAY CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 19, 2024
Secretary of State
0666402976CC

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: Yes

Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 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: SHARI WALD GARRETT, ESQ. 01/19/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title DIRECTOR Title VICE PRESIDENT

Name LADER, LISA Name FISCHLER, MARCELLE

Address PROPERTY MANAGEMENT OFFICE Address PROPERTY MANAGEMENT OFFICE

3370 N.E. 190TH STREET 3370 N.E. 190TH STREET

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title SECRETARY Title TREASURER

Name ROBINSON, HOWARD DR. Name GHERMAN, REES

Address PROPERTY MANAGEMENT OFFICE Address PROPERTY MANAGEMENT OFFICE

3370 N.E. 190TH STREET 3370 N.E. 190TH STREET

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title DIRECTOR Title DIRECTOR

Name PYREK, CHRIS Name GUTERMAN, JACQUES

Address PROPERTY MANAGEMENT OFFICE Address PROPERTY MANAGEMENT OFFICE

3370 N.E. 190TH STREET 3370 N.E. 190TH STREET

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title PRESIDENT
Name MAIRS, DONNA

Address PROPERTY MANAGEMENT OFFICE

3370 N.E. 190TH STREET

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: DONNA MAIRS PRESIDENT 01/19/2024

Electronic Signature of Signing Officer/Director Detail

Date