

**2013 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            DIRECTOR  
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            D  
Name           FORD, MARK  
Address        3370 NE 190TH ST, 2907  
City-State-Zip: AVENTURA FL 33180

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

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

Title            DIRECTOR  
Name           MCFARLANE, CHRIS MR  
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:** ARNOLD RESNICK**PRESIDENT****01/16/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date