

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90046 004 ****61.25

DOCUMENT # N00000001112

1. Entity Name
HIDDEN BAY MASTER ASSOCIATION, INC.



Principal Place of Business
**3370 N.E. 190TH ST.
AVENTURA FL 33180**

Mailing Address
**C/O DCI
2035 HARDING STR. STE 200
HOLLYWOOD FL 33020-2797**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0986042**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

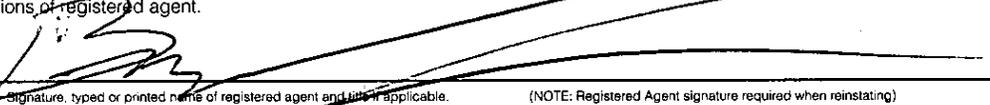
6. Name and Address of Current Registered Agent

**SCHNEIDERMAN, MITCHELL
3370 N.E. 190TH ST.
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Bernard Meyer**
Street Address (P.O. Box Number is Not Acceptable)
2035 Harding St
Suite 200
City **Hollywood** FL Zip Code **33020**

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  DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

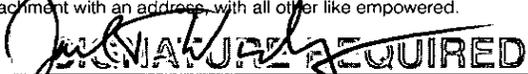
10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, JOHN	
STREET ADDRESS	2990 S. ATLANTIC BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	UANINO, ANTHONY	
STREET ADDRESS	922 LEMON RD.	
CITY-ST-ZIP	S. DAYTONA FL 32119	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDERMAN, MITCHELL	
STREET ADDRESS	3370 N.E. 190TH ST.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Del Wadsworth	
STREET ADDRESS	3370 N.E. 190th Street	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose A. Gonzalez	
STREET ADDRESS	3370 N.E. 190th Street	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Fernandez	
STREET ADDRESS	3370 N.E. 190th Street	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	Assist. Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernard S. Meyer	
STREET ADDRESS	3370 N.E. 190th Street	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

CR2E037 (10/02)