


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90039 043 ****61.25

DOCUMENT # N05000011248			
1. Entity Name HIDDEN WATERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1860 VENICE PARK DRIVE NORTH MIAMI, FL 33181		Mailing Address 1860 VENICE PARK DRIVE NORTH MIAMI, FL 33181	
2. Principal Place of Business		3. Mailing Address c/o BSS+S Condo Dept 2525 Ponce de Leon Blvd #5, Coral Gables, FL 33134 USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
33134		USA	
4. FEI Number		Applied For	
20-3791224		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FREEMAN, GREG 1860 VENICE PARK DRIVE NORTH MIAMI, FL 33181		Name ANNA A. KRIMSATEN Street Address (P.O. Box Number is Not Acceptable) 2699 S BAYSHORE DRIVE 7th FL MIAMI, FL. City FL Zip Code 33133	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, GREG 1860 VENICE PARK DRIVE NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOYA, ADRIANA 1860 VENICE PARK DRIVE NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHWARTZ, DAREN 1860 VENICE PARK DRIVE NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DOUGLAS 1860 VENICE PARK DRIVE NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ROBERT LOMICKY 1860 VENICE PARK DRIVE DR13 NORTH MIAMI, FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUBILLOS, MARIA J 1860 VENICE PARK DRIVE NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: 2/8/06 305-938-2346	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
GREG FREEMAN PRESIDENT			