


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 038 ****61.25

DOCUMENT # N05000011248

1. Entity Name
 HIDDEN WATERS CONDOMINIUM ASSOCIATION, INC.



40031563



Principal Place of Business
 1860 VENICE PARK DRIVE
 NORTH MIAMI, FL 33181

Mailing Address
 C/O BSS & S CONDO DEPT
 2525 PONCE DE LEON BLVD. #5
 MIAMI, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-3791224

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KRIMSATEN, ANNA A
 2699 S. BAYSHORE DR
 7TH FLOOR
 MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

Filing Fee is \$61.25
Due by May 1, 2007

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	DP	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, GREG	
STREET ADDRESS	1860 VENICE PARK DRIVE	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MOYA, ADRIANA	
STREET ADDRESS	1860 VENICE PARK DRIVE	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, DAREN	
STREET ADDRESS	1860 VENICE PARK DRIVE	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOMICKY, ROBERT	
STREET ADDRESS	1860 VENICE PARK DR #213	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUBILLOS, MARIA J	
STREET ADDRESS	1860 VENICE PARK DRIVE	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andres Santillana	
STREET ADDRESS	5701 Biscayne Blvd, #202	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andres Patino	
STREET ADDRESS	1860 VENICE PARK DR #212	
CITY-ST-ZIP	North, MIAMI, FL 33181	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tomas L Savarell	
STREET ADDRESS	6609 Emerald Lake DR.	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lomicky, Robert	
STREET ADDRESS	1860 Venice Park Dr #213	
CITY-ST-ZIP	North MIAMI, FL 33181	
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 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: Robert E Lomicky 2/26/07 305-938-2346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #