

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 09, 2007
Secretary of State**

DOCUMENT# N05000011248

Entity Name: HIDDEN WATERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:1860 VENICE PARK DRIVE
NORTH MIAMI, FL 33181**New Principal Place of Business:****Current Mailing Address:**C/O BSS & S CONDO DEPT
2525 PONCE DE LEON BLVD. #5
MIAMI, FL 33134**New Mailing Address:**763 41ST STREET
SUITE C
MIAMI BEACH, FL 33140

FEI Number: 20-3791224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:KRIMSATEN, ANNA A
2699 S. BAYSHORE DR
7TH FLOOR
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**BENNETT, JOAN A
763 41ST STREET
SUITE C
MIAMI BEACH, FL 33140 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: JOAN BENNETT

08/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DVP () Delete
Name: ANDRES, SANTILLANA
Address: 5701 BISCAYNE BLVD, #202
City-St-Zip: MIAMI, FL 33137Title: DS () Delete
Name: ANDRES, PATINO
Address: 1860 VENICE PARK DR #212
City-St-Zip: NORTH MIAMI, FL 33181Title: DT () Delete
Name: SAVARELL, TOMAS
Address: 6609 EMEMID LAKE DR
City-St-Zip: MIRAMAR, FL 33023Title: DP () Delete
Name: LOMICKY, ROBERT
Address: 1860 VENILO PARK DR #213
City-St-Zip: NORTH MIAMI, FL 33181Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: GARCIA, WILLIAM
Address: 1860 VENICA PARK DRIVE #216
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT LOMICKY

DP

08/09/2007

Electronic Signature of Signing Officer or Director

Date