

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001572

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: HIDDEN COVE OF DAVIE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4350 SW 59 AVE  
BLDG A  
FORT LAUDERDALE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4350 SW 59 AVE  
BLDG A  
FORT LAUDERDALE, FL 33314

**New Mailing Address:**

FEI Number: 20-0752098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NACHMAN, IRVIN W P.A.  
4441 STIRLING RD  
FORT LAUDERDALE, FL 33314      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: UTECHT, KRISTIN  
Address: 6627 HIDDEN COVE DR  
City-St-Zip: DAVIE, FL 33314

Title: VPD ( ) Delete  
Name: LOBUE, MICHAEL  
Address: 6596 HIDDEN COVE DR  
City-St-Zip: DAVIE, FL 33314

Title: SD ( ) Delete  
Name: WALCOFF, HELENE  
Address: 6578 HIDDEN COVE DR  
City-St-Zip: DAVIE, FL 33314

Title: TD ( ) Delete  
Name: SCHOEN, CONNIE  
Address: 6549 HIDDEN COVE DR  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: ( ) 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: SD (X) Change ( ) Addition  
Name: BROSS, MATTHEW  
Address: 6536 HIDDEN COVE DRIVE  
City-St-Zip: DAVIE, FL 33314

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ANGLEMYER, JIM  
Address: 6602 HIDDEN COVE DRIVE  
City-St-Zip: DAVIE, FL 33314

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: KRISTIN UTECHT

PD

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date