

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001572

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

FILED
Apr 13, 2017
Secretary of State
CC7480272782

Current Principal Place of Business:

4350 SW 59 AVE
BLDG A
FORT LAUDERDALE, FL 33314

Current Mailing Address:

4350 SW 59 AVE
BLDG A
FORT LAUDERDALE, FL 33314

FEI Number: 20-0752098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

04/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|----------------------|-----------------|------------------------|
| Title | P | Title | TREASURER, SECRETARY |
| Name | UTECHT, KRISTIN | Name | SCHOEN, CONNIE |
| Address | 6627 HIDDEN COVE DR | Address | 6549 HIDDEN COVE DRIVE |
| City-State-Zip: | DAVIE FL 33314 | City-State-Zip: | DAVIE FL 33314 |
| | | | |
| Title | DIRECTOR | | |
| Name | LOBUE, MICHAEL E | | |
| Address | 6596 HIDDEN COVE DR. | | |
| City-State-Zip: | DAVIE FL 33314 | | |

I hereby 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 all other like empowered.

SIGNATURE: KRISTIN UTECHT

PRESIDENT

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date