

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001572

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

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC5916213206**

**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 WP.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:**

\_\_\_\_\_  
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: UTECHT , KRISTIN**

**BY DNS STAFF**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date