I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec above, or on an attachment with all other like empowered.		
SIGNATURE: DAVID ESCALANTE- GARCIA	DP	04/15/2022

Electronic Signature of Signing Officer/Director Detail

**Current Mailing Address:** 

### FEI Number: 46-3102629

### Name and Address of Current Registered Agent:

SIGNATURE: CHRISTOPHER B. SPUCHES

SPUCHES, CHRISTOPHER B 55 ALHAMBRA PLAZA SUITE 800 CORAL GABLES, FL 33134 US

#10 City-State-Zip: MIAMI FL 33133

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.

	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	DIRECTOR	Title	DIRECTOR
Name	PORTER, CHRISTINA	Name	VELEZ, MARIA CRISTINA
Address	3318 DAY AVENUE UNIT# 04	Address	3318 DAY AVENUE UNIT# 07
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	DP		
Name	ESCALANTE-GARCIA, DAVID		
Address	3318 DAY AVENUE		

# Entity Name: HIDEAWAY COVE CONDOMINIUM ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

3318 DAY AVENUE MIAMI, FL 33133

DOCUMENT# N12000010099

3318 DAY AVENUE #4 MIAMI, FL 33133 US

## Certificate of Status Desired: No

Date

## FILED Apr 15, 2022 Secretary of State 9890690123CC

04/15/2022 Date