

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

02-21-2005 90067 002 ****61.25
04-27-2005 90280 039 ****61.25

DOCUMENT # N04000001572	
1. Entity Name Hidden Cove of Davie Condominium Association, Inc	

DO NOT WRITE IN THIS SPACE

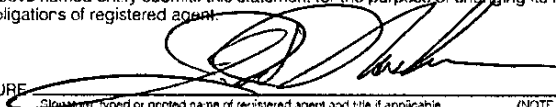
2. Principal Place of Business 4350 SW 59 Ave.		3. Mailing Address 4350 SW 59 Ave	
Suite, Apt. #, etc. Bldg A		Suite, Apt. #, etc. Bldg A	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33314	Country US	Zip 33314	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 200752098	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

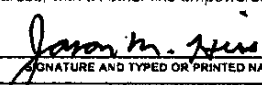
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name IRVIN W. Nachman, P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
4441 Stirling Rd	
City FT Lauderdale	FL Zip Code 33314

8. 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. I am familiar with, and accept the obligations of registered agent.	SIGNATURE 	DATE 4/21/05
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FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hiss, Jason 6548 Hidden Cove Dr DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P D Vella, Joan 6518 Hidden Cove Dr DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CERNUTO, MARIA 6556 Hidden Cove Dr DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D Schoen, Connie 6549 Hidden Cove Dr. DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, Selma 6566 Hidden Cove Dr. DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 	JASON M. HISS	DATE 4/21/05	DAYTIME PHONE # 954-925-8225

CR2E037B (12/02)