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

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2. Principal Place of Business	3. Mailing Address
4350 SW 59 Ave.	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

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: _____ 4/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Hiss, Jason	NAME	
STREET ADDRESS	6548 Hidden Cove DR	STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	Vella, Joan	NAME	
STREET ADDRESS	6518 Hidden Cove DR	STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Cernuto, Maria	NAME	
STREET ADDRESS	6556 Hidden Cove DR	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Davie, FL 33314	CITY-ST-ZIP	
TITLE	TD	TITLE	IN THIS SPACE
NAME	Schoen, Connie	NAME	
STREET ADDRESS	6549 Hidden Cove DR.	STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Watts, Selma	NAME	
STREET ADDRESS	6566 Hidden Cove DR.	STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 Jason M. Hiss 4/21/05 954-925-8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #