

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90064 050 \*\*\*\*61.25

**DOCUMENT # N04000001572**

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



Principal Place of Business  
**4350 SW 59 AVE  
BLDG A  
FORT LAUDERDALE, FL 33314**

Mailing Address  
**4350 SW 59 AVE  
BLDG A  
FORT LAUDERDALE, FL 33314**

**40024175**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-0752098**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME HISS, JASON  
STREET ADDRESS 6548 HIDDEN COVE DR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE PD ☒ Change ☒ Addition  
NAME Kristin Utech  
STREET ADDRESS 6627 Hidden Cove Dr.  
CITY-ST-ZIP Davie, FL 33314

TITLE VPD ☐ Delete  
NAME VELLA, JOAN  
STREET ADDRESS 6518 HIDDEN COVE DR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME CERNUTO, MARIA  
STREET ADDRESS 6856 HIDDEN COVE DR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SCHOEN, CONNIE  
STREET ADDRESS 6549 HIDDEN COVE DR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WATTS, SELMA  
STREET ADDRESS 6566 HIDDEN COVE DR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-07**

Date

**954-584-5258**

Daytime Phone #