## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # N0400001572  1. Entity Name HIDDEN COVE OF DAVIE CONDOMINIUM ASSOCIATION, INC.						)2-15-2008	90005 03	7 ****61	1.25
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							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			1 186,018,18,18,18				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172008 C	hg-NP	CR2E037	(12/06)	
City & State		City & Sta	ate		4. FEI Number Applied For 20-0752098 Not Applicable				
Zip	Country	Žip "		Country_	5." Certificate of S	tatus Desired		8.75 Add ee Require	
	6. Name and Address of Curren	t Registered Age	nt		7. Name and Add	iress of New R	egistered Aç	jent	
NACHMAN	N, IRVIN W P.A.			Name					
4441 STIRLING RD FORT LAUDERDALE, FL 33314				Street A	ddress (P.O. Box Number is	Not Acceptable	e)		
				City	- <del></del>		FL	Zip Codi	e
	named entity submits this statement f						<u></u>	<u> </u>	
SIGNATURE .	lions of registered agent.			,					
* * * * * * * * * * * * * * * * * * *	Signature, typed or printed name of registered ager	nt and title il applicable.	(NOTE: Re	egistered Agent signat	ure required when reinstating)	100 307 -007	DATE		\$1.00 \$1
* *****	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008		(NOTE: Re Election Campa Trust Fund Con	algn Financing	\$5.00 May Be Added to Fees		DATE ake check ida Departr		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. HRECTORS	Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Flori	ake check Ida Departr RS AND DIRE	CTORS IN	ate 10
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12. Thereby certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, Plorida Statutes. 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: Connie Schoen In

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100 Daytime Proces