

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-15-2008 90005 037 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-0752098				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NACHMAN, IRVIN W.P.A. 4441 STIRLING RD FORT LAUDERDALE, FL 33314			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	NAME HISS, JASON	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6548 HIDDEN COVE DR	FORT LAUDERDALE, FL 33314		NAME Kristin Utech	6627 Hidden Cove Dr. Davie, FL 33314	
TITLE VPD	NAME VELLA, JOAN	<input checked="" type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6518 HIDDEN COVE DR	FORT LAUDERDALE, FL 33314		NAME Michael LoBue	6596 Hidden Cove Dr. Davie, FL 33314	
TITLE SD	NAME CERNUTO, MARIA	<input checked="" type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6856 HIDDEN COVE DR	FORT LAUDERDALE, FL 33314		NAME Helene Walcott	6578 Hidden Cove Dr. Davie, FL 33314	
TITLE TD	NAME SCHOEN, CONNIE	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6549 HIDDEN COVE DR	FORT LAUDERDALE, FL 33314		NAME 		
TITLE D	NAME WATTS, SELMA	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6566 HIDDEN COVE DR	FORT LAUDERDALE, FL 33314		NAME 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			NAME 		
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: <i>Connie Schoen</i> <i>Helene Walcott</i> <i>Kristin Utech</i> 260-8581 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/10/08 Daytime Phone #					