


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004779</b> 1. Entity Name HIDDEN LAKES TOWNEHOME ASSOCIATION OF NORTH LAUDERDALE, INC.	
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Principal Place of Business HIDDEN LAKES TOWNEHOME ASSOCIATION C/O THE RAM REALTY GROUP/P.O. BOX 541 LAKE WORTH FL 33454-1058	Mailing Address HIDDEN LAKES TOWNEHOME ASSOCIATION C/O THE RAM REALTY GROUP/P.O. BOX 541 LAKE WORTH FL 33454-1058
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip Country	City & State  Zip Country
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4. FEI Number <b>65-0847949</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>FORMAN, KENNETH E</b> <b>6352 SHADOW CREEK VILLAGE CIRCLE</b> <b>LAKE WORTH FL 33463</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS	
TITLE	D MILLS, AMBER <input type="checkbox"/> Delete
NAME	7437 SW 8TH COURT
STREET ADDRESS	POMPANO BEACH FL 33068
CITY- ST- ZIP	
TITLE	VPSD DANLEN, AKEEM <input type="checkbox"/> Delete
NAME	7427 SW 8TH COURT
STREET ADDRESS	POMPANO BEACH FL 33068
CITY- ST- ZIP	
TITLE	TD SLACK, RANDY <input type="checkbox"/> Delete
NAME	7420 SW 8TH COURT
STREET ADDRESS	POMPANO BEACH FL 33068
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000238725 02/22/05-80012-015 61.25
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Akeem Danlen</i>	Date: <i>2/16/05</i>	Daytime Phone #: <i>561-962-5719</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>