2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N02000004779

HIDDEN LAKES TOWNHOME ASSOCIATION OF NORTH LAUDERDALE, INC.



 Apr 16, 2007 8:00 am Secretary of State
04-16-2007 90323 024 ****61.25

FILED

ENOBERBALL, IIVO.										
Principal Place of Business HIDDEN LAKES TOWNEHOME ASSOCIATION C/O THE RAM REALTY GROUP/P.O. BOX 541058 LAKE WORTH, FL 33454-1058		HIDDĒI 3 C/O Th	Mailing Address HIDDEN LAKES TOWNEHOME ASSOCIATION C/O THE RAM REALTY GROUP/P.O. BOX 541058 LAKE WORTH, FL 33454-1058			4.0 °C				
2. Principal Place of Business - No P.O. Box #		3. Mailin	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			01062007 _{Cl}	hg-NP	CR2E0	37 (12/06)	
City & State		City	City & State			4. FEI Number 65-084794	19			plied For t Applicable
Zip Country		Zip	Zip Count		ıntry	5. Certificate of St	tatus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Currer	t Registered	Agent			7. Name and Add	iress of New R	egistered	Agent	
FORMAN, KENNETH E 6352 SHADOW CREEK VILLAGE CIRCLE					Name Street Address (I	P.O. Box Number is	Not Acceptable	.)		
	RTH, FL 33463	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · ·					
					City			Fl	Zip Code	;
	named entity submits this statement ions of registered agent.	for the purpos	se of changing its r	egistere	ed office or register	ed agent, or both, in	the State of Flo	rida. Lam	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if annifo	able (NOTE)	Ravietora:	d Agent signature required	when reinstating)		DATE		
	organica e, typed or primited marie or registered age	THE BOOK OF THE REAL PROPERTY.	able: (NOTE:	riogisies et	o Agent signature required	witer (distalling)		DAIL		
-	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financin Trust Fund Contribution.		· · ·	\$5.00 May Be Added to Fees	1		k.payable to rtment of St	
10.	OFFICERS AND E	DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND D	IRECTORS IN	10
TITLE	STD		☐ Delete	TITLE					Change	☐ Addition
NAME	BEVERLEY, CODNER		NAME		-					
STREET ADDRESS CITY-ST-ZIP	7403 SW 8TH ST				ET ADDRESS !					
				CITY	-ST-ZIP				Charac	- Addition
TITLE NAME	VPD		☐ Delete	CITY-	-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	CITY- TITLE NAME	-ST-ZIP				☐ Change	☐ Addition
NAME	VPD DARREN, THOMAS		☐ Delete	TITLE NAME STREE	-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS	VPD DARREN, THOMAS 7414 SW 8TH CRT		☐ Delete	TITLE NAME STREE	-ST-ZIP E E ET ADDRESS -ST-ZIP				☐ Change	Addition Addition
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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: BOUND COLOR BOY OR LOY COM MAR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR