


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90025 009 ****61.25

DOCUMENT # N02000004779					
1. Entity Name HIDDEN LAKES TOWNHOME ASSOCIATION OF NORTH LAUDERDALE, INC.					
Principal Place of Business HIDDEN LAKES TOWNHOME ASSOCIATION C/O THE RAM REALTY GROUP/P.O. BOX 541058 LAKE WORTH, FL 33454-1058			Mailing Address HIDDEN LAKES TOWNHOME ASSOCIATION C/O THE RAM REALTY GROUP/P.O. BOX 541058 LAKE WORTH, FL 33454-1058		
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	4. FEI Number 65-0847949	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORMAN, KENNETH E 6352 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	STD	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLEY, CODNER		NAME	GOOMBS, SAFIYA	
STREET ADDRESS	7403 SW 8TH ST		STREET ADDRESS	7407 SW 8 TH COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP	POMPANO BEACH, FL 33068	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARREN, THOMAS		NAME		
STREET ADDRESS	7414 SW 8TH CRT		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLACK, RANDY		NAME		
STREET ADDRESS	7420 SW 8TH CRT		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>R Slack</i>		Date: <i>3/23/08</i>		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					