


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90033 010 \*\*\*\*61.25  
08-21-2003 90106 006 \*\*\*\*61.25

**DOCUMENT # N02000004779**

1. Entity Name  
**HIDDEN LAKES TOWNHOME ASSOCIATION OF NORTH LAUDE  
RDALE, INC.**



Principal Place of Business      Mailing Address  
**11419 E W PALMETTO PARK ROAD  
BOCA RATON FL 33428**      **11419 E W PALMETTO PARK ROAD  
BOCA RATON FL 33428**

2. Principal Place of Business      3. Mailing Address  
**Hidden Lakes Townhome Association  
% The RAM Realty Group, Inc.  
P.O. Box 541058  
Lake Worth, FL 33454-1058**      **Hidden Lakes Townhome Association  
% The RAM Realty Group, Inc.  
P.O. Box 541058  
Lake Worth, FL 33454-1058**

Zip      Country      Zip      Country  
**U.S.A**      **USA**

4. FEI Number      Applied For  
**65-0847949**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**HAMMEL, EDWARD S  
301 YAMATO ROAD SUITE 4150  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
Name      **Kenneth E. Forman**  
Street A      **6352 Shadow Creek Village Circle**  
City      **Lake Worth, FL 33463**  
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: *[Signature]*      **KENNETH FORMAN, Prop Mgr**      **7/21/03**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution.       **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nicholas Danaluk 7406 SW 8 <sup>th</sup> Court N. Lauderdale, FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec/D Akeem Darden 7427 SW 8 <sup>th</sup> Court N. Lauderdale, FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Randy Slack 7420 SW 8 <sup>th</sup> Court N. Lauderdale, FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*      **SIGNATURE REQUIRED**      **8/9/03**      **954-326-8540**

CR2E037 (4/03)