

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723711 (8)
1. Corporation Name
RAMBLEWOOD EAST CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address
**4139 A. N.W. 88TH AVENUE
CORAL SPRINGS FL 33065
US** **4139 A. N.W. 88TH AVENUE
CORAL SPRINGS FL 33065
US**

3. Date Incorporated or Qualified **06/21/1972** 3a. Date of Last Report **12/26/1995**
4. FEI Number **59-1545606** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**WACHSBERGER, SIDNEY
4139A NW 88TH AVE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WACHSBERGER, SIDNEY 4159 NW 90TH AVE #101 CORAL SPRINGS FL 33065	1.1 TITLE	SECT D Cohen, Robert
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4155 N.W. 90 Ave #104
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Coral Springs Fl. 33065
TITLE	VD MEISNER, MILTON 4159 NW 90TH AVE #101 CORAL SPRINGS FL 33065	2.1 TITLE	Treas D
NAME		2.2 NAME	Murray Safran
STREET ADDRESS		2.3 STREET ADDRESS	4164 N.W.90 Ave. #106
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Springs, Fl. 33065
TITLE	SD RAPHAEL, JOEL 4152 NW 90TH AVE #104 CORAL SPRINGS FL 33065	3.1 TITLE	D
NAME		3.2 NAME	Murray Macy
STREET ADDRESS		3.3 STREET ADDRESS	4132 N.W. 89 Ave. #103
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Springs, Fl. 33065
TITLE	TD MAGENHEIM, ALBERT 4116 NW 88TH AVE #106 CORAL SPRINGS FL 33065	4.1 TITLE	D
NAME		4.2 NAME	Sol Gerstler
STREET ADDRESS		4.3 STREET ADDRESS	4149 N.W. 90 Ave. #102
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Springs, Fl. 33065
TITLE	D HECHT, ARNOLD 4139A NW 88TH AVE CORAL SPRINGS FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DRANOFF, MIKE 4139A NW 88TH AVE CORAL SPRINGS FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *SIDNEY Wachsberger* 2-28-96 95470-6840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)