

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified  
**06/21/1972**

4. FEI Number  
**59-1545606**

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WACHSBERGER, SIDNEY**  
**4159 N.W. 88TH AVE. #101**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WACHSBERGER, SID
STREET ADDRESS	4159 N.W. 90 AVE.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MEISNER, MILTON
STREET ADDRESS	4141 N.W. 58 AVE.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	SD <input type="checkbox"/> DELETE
NAME	COHEN, ROBERT
STREET ADDRESS	4155 N.W. 90 AVE.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	TD <input type="checkbox"/> DELETE
NAME	HECHT, ARNOLD
STREET ADDRESS	4271 N.W. 89 AVE.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	BM <input type="checkbox"/> DELETE
NAME	FRIEDMAN, IRENE
STREET ADDRESS	4120 N.W. 88 AVE.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	BM <input type="checkbox"/> DELETE
NAME	MALY, MURRAY
STREET ADDRESS	4132 N.W. 88 AVE.
CITY-ST-ZIP	CORAL SPRINGS FL 33065

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Sid Wachsb...* **1/7/98 (954) 702-6840**

CR2E037 (10/97)