

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90082 041 ****61.25

820400



DO NOT WRITE IN THIS SPACE

DOCUMENT # 723711
1. Entity Name
RAMBLEWOOD EAST CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 4139 A. N.W. 88TH AVENUE CORAL SPRINGS FL 33065 US	Mailing Address % CASTLE GROUP PO BOX 189013 PLANTATION FL 33318-9013 US
--	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

City & State	City & State	4. FEI Number 59-1545606	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
WACHSBERGER, SIDNEY
4159 N.W. 88TH AVE. #101
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name: **Milton Meisner**
 Street Address (P.O. Box Number is Not Acceptable): **4139 A NW 88th Avenue**
 City: **Coral Springs** FL Zip Code: **33065**

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.

SIGNATURE: *Milton Meisner* **Milton Meisner, President** **3/5/00**
 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	--

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: WACHSBERGER, SID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4159 N.W. 90 AVE.	CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE: VPD	NAME: MEISNER, MILTON	<input type="checkbox"/> Delete
STREET ADDRESS: 4141 N.W. 58 AVE.	CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE: SD	NAME: COHEN, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4155 N.W. 90 AVE.	CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE: TD	NAME: HECHT, ARNOLD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4271 N.W. 89 AVE.	CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE: BM	NAME: FRIEDMAN, IRENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4120 N.W. 88 AVE.	CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE: BM	NAME: POLLACK, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS: 4135 NW 89TH AVE	CITY-ST-ZIP: CORAL SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VB	NAME: SEIBERT, VICKIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4159 NW 90th AVE #206	CITY-ST-ZIP: CORAL SPRINGS, FL 33065	
TITLE: PD	NAME: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	NAME: ESPOSITO, JOSEPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4111 NW 88th AVE, #105	CITY-ST-ZIP: CORAL SPRINGS, FL 33065	
TITLE: TD	NAME: WARE, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4140 NW 90th AVE, #202	CITY-ST-ZIP: CORAL SPRINGS, FL 33065	
TITLE: ASD	NAME: GROPPER, JEROME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4155 NW 90th AVE, #201	CITY-ST-ZIP: CORAL SPRINGS, FL 33065	
TITLE: D	NAME: [Blank]	<input checked="" 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: *Milton Meisner* **Milton Meisner, President** **3/5/00 (954) 992-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)