

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 29 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 723711</b> 1. Entity Name <b>RAMBLEWOOD EAST CONDOMINIUM ASSOCIATION, INC</b>					
Principal Place of Business <b>4139 A. N.W. 88TH AVENUE CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>4139 A. N.W. 88TH AVENUE CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LAW OFFICES OF GORDON KOEGLER, PA BROWARD FINANCIAL CENTRE 500 E. BROWARD BLVD., STE. 1800 FT. LAUDERDALE, FL 33394</b>				Name <b>LAW OFFICES OF GORDON KOEGLER, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 EAST LAS OLAS BLVD.</b> <b>SUITE 1400</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33301</b>	
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				6-23-04	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>Amended AR is \$61.25</b>		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	P	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEINSTEIN, HARVEY</b>			NAME	<b>MEINSTEIN, HARVEY</b>
STREET ADDRESS	<b>4149 NW 90TH AVE #102</b>			STREET ADDRESS	<b>4149 NW 90TH AVE #102</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>			CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	S	<input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLF, STEVE</b>			NAME	<b>WOLF, STEVE</b>
STREET ADDRESS	<b>4279 NW 89TH AVE #106</b>			STREET ADDRESS	<b>4279 NW 89TH AVE #106</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>			CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	VP	<input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, FRANCINE</b>			NAME	<b>NEWMAN, FRANCINE</b>
STREET ADDRESS	<b>4136 NW 88TH AVE #202</b>			STREET ADDRESS	<b>4136 NW 88TH AVE #202</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>			CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	S	<input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VAY, PETE</b>			NAME	<b>THECHT, MITCH</b>
STREET ADDRESS	<b>4158 NW 90TH AVE #106</b>			STREET ADDRESS	<b>4271 NW 89TH AVE #101</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>			CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	D	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRIEDMAN, BOB</b>			NAME	<b>PLASK, DAVID</b>
STREET ADDRESS	<b>4166 NW 90TH AVE #104</b>			STREET ADDRESS	<b>4136 NW 88TH AVE #106</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>			CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	<b>GENDLER, BEN</b>			NAME	
STREET ADDRESS	<b>4270 NW 89TH AVE #101</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>			CITY-ST-ZIP	
100038574881 07/01/04--01053--005 **\$61.25					
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:				6/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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