2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 05, 2007 8:00 am Secretary of State

DOCUMENT # 723711 1. Entity Name RAMBLEWOOD EAST CONDOMINIUM ASSOCIATION, INC					04-05-2007 90134 034 ****61.25						
	e of Business . 88TH AVENUE IGS, FL 33065 US	Mailing Address 7932 WILES RD CORAL SPRINGS, FL	33067	US							
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	<u>-</u>								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272007 Chg-NP CR2E037 (12/06)						
City & State		City & State			4. FEI Number Applied For 59-1545606 Not Applicable						
Zip	Country	Zip	Co	untry	5. Certificate of Status Desired Sa.75 Additional Fee Required						
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent						
				Name							
LAW OFFICES OF GORDON KOEGLER, PA 401 EAST LAS OLAS BLVD STE 1400 FT. LAUDERDALE, FL 33301				Street Address (P.O. Box Number is Not Acceptable)							
·				City FL 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. StGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	9. Election C Trust Fun	ampaign d Contribu		\$5.00 May Be Added to Fees Make check payable to Florida Department of State							
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KAUFMAN, KENNETH 4146 NW 90TH AVE #202 CORAL SPRINGS, FL 33067	Deslete 1		ME HEC	Cht, Mitchell 71 NW B9 AVE #101						
TITLE NAME STREET ADDRESS	D AROSON, DAVID 4145 NW 90TH AVE #203	Delete	TITI NAI STE	LE V. (p. □ Change 日本ddition arke, Thomas とつり NW. 89 Ave 井つび						
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CIT	Y-ST-ZIP CC	oral springs FL 33065						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, LINDA 4156 NW 90TH AVE #206 CORAL SPRINGS, FL 33067	☐ Delste		ME Ar REET ADDRESS 41	reas. Defiange Addition rowson, Dand 45 NW 90 AVE # 203 or 33065						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAY, PETE 4158 NW 90TH AVE #106 CORAL SPRINGS, FL 33065	Delete		LE SCO ME SO REET ADDRESS 411	C. Change Pradition Trett, I rene 10 NW. 88 Ave # 206 oral sources FL 33065						

coursmans 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 of frustee 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.

TITLE

NAME

TITLE

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

HECHT, MITCH

HECHT, MITCH 4271 N W 89TH AVE #101

4271 NW 89TH AVE #101

CORAL SPRINGS, FL 33065

CORAL SPRINGS, FL 33065

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

Pay, peter

con I spinss

4158 N.W 90 AVE # 166

Depaina, Michael # 204

Daytime Phone #

☐ Change ☐ Addition

☐ Change ☐ Addition

33045

33065

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

200	O7 NOT-FOR-PROP ANNUAL	ATTACHMENT								
1. Entity Nam	WEN # 723711 WOOD EAST CONDOMINIUM	M, D								
4139 A. N.W. 88TH AVENUE 793		Mailing Address 7932 WILES RD CORAL SPRINGS, FL 330				40050691				
		3. Mailing Address	failing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				g-NP CR2E037	(12/06)			
City & State		City & State			4. FEI Number 59-1545606	3	_ ``	plied For t Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired					
	6. Name and Address of Current Re	gistered Agent	Name		7. Name and Address of New Registered Agent					
LAW OFFICES OF GORDON KOEGLER, PA 401 EAST LAS OLAS BLVD STE 1400				Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE, FL 33301			City	City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Filing Fee Is \$61.25 Due by May 1, 2007	paign Financing ntribution.		\$5.00 May Be Added to Fees	Make check Florida Depart					
10.	OFFICERS AND DIREC		11.		ODITIONS/CHANGE	S TO OFFICERS AND DIR				
NAME STREET ADDRESS CITY-ST-ZIP	DR KAUFMAN, KENNETH 4146 NW 90TH AVE #202 CORAL SPRINGS, FL 33067	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600	onut cre			BAddition 073		
TITLE	D	Delete	TITLE	LDC	one cre		☐ Change	Addition		
NAME STREET ADDRESS	AROSON, DAVID 4145 NW 90TH AVE #203		NAME STREET ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, LINDA 4156 NW 90TH AVE #206 CORAL SPRINGS, FL 33067	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAY, PETE 4158 NW 90TH AVE #106 CORAL SPRINGS, FL 33065	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
TITLE NAME	T HECHT, MITCH	Delete	TITLE NAME				☐ Change	Addition		
STREET ADDRESS	4271 NW 89TH AVE #101 CORAL SPRINGS, FL 33065		STREET ADDRESS							
TITLE	S	☐ Delete	TITLE				Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	HECHT, MITCH 4271 N W 89TH AVE #101 CORAL SPRINGS, FL 33065		NAME STREET ADDRESS CITY+ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Destination Date Date										