


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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

04-05-2007 90134 034 ****61.25

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 7932 WILES RD CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1545606	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAW OFFICES OF GORDON KOEGLER, PA 401 EAST LAS OLAS BLVD STE 1400 FT. LAUDERDALE, FL 33301			Name		
			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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DR KAUFMAN, KENNETH 4146 NW 90TH AVE #202 CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hecht, Mitchell 4271 NW 89 AVE # 101 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROSON, DAVID 4145 NW 90TH AVE #203 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Clarke, Thomas 4274 NW. 89 AVE # 205 CORAL SPRINGS FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, LINDA 4156 NW 90TH AVE #206 CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Aronson, David 4145 NW 90 AVE # 203 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAY, PETE 4158 NW 90TH AVE #106 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Sarratt, Irene 4116 NW. 88 AVE # 206 CORAL SPRINGS FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HECHT, MITCH 4271 NW 89TH AVE #101 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vay, Peter 4158 N.W. 90 AVE # 106 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECHT, MITCH 4271 N W 89TH AVE #101 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Depalma, Michael 4160 NW 90 AVE # 204 CORAL SPRINGS FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: _____			3/4/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

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ATTACHMENT

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City & State		City & State		4. FEI Number 59-1545606	
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Name				Name	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KAUFMAN, KENNETH 4146 NW 90TH AVE #202 CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hosburn, Nayib 6601 Lyons Road # G-7 Coconut Creek FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROSON, DAVID 4145 NW 90TH AVE #203 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, LINDA 4156 NW 90TH AVE #206 CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAY, PETE 4158 NW 90TH AVE #106 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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