


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729441 (6)

1. Corporation Name
RAMBLEWOOD CONDOMINIUM ASSOCIATION OF ALTAMONTE SPRINGS, INC.



Principal Place of Business 2180 WEST SR 434 SUITE 5000 LOGWOOD FL 32779-5044 US	Mailing Address 2180 W SR. 434 500 LONGWOOD FL 32779-5044 US
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3. Date incorporated or Qualified 04/23/1974	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	29
	30

4. FEI Number 59-1740804	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**JAMES W. HART JR
 SENTRY MANAGEMENT IN
 2180 W SR. 434, SUITE 5000
 LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, HELEN	1.2 NAME	ALBERT, ARTHUR
STREET ADDRESS	898 CLAYDON WAY	1.3 STREET ADDRESS	880 JONATHON WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALS GUTHRIE	2.2 NAME	FISHER, JANET
STREET ADDRESS	879 CLAYDON WAY	2.3 STREET ADDRESS	885 CLAYDON WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE FIELDER	3.2 NAME	SHEALY, ROGER
STREET ADDRESS	893 CLAYDON WAY	3.3 STREET ADDRESS	876 JONATHON WAY
CITY-ST-ZIP	ALTAMONTE SPGS FL	3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE FIELDER	4.2 NAME	
STREET ADDRESS	640 WOODLEY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JONES, DAVID N	5.2 NAME	
STREET ADDRESS	893 JOHNATHAN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARLENE KARTAK	6.2 NAME	
STREET ADDRESS	878 JOHNATHAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Arthur Albert Date: 3-19-96 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR ALBERT

CR2E037 (12/95)

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RAMBLEWOOD CONDOMINIUM ASSN OF ALTAMONTE SPRINGS, INC.

7.1 TITLE	D
7.2 NAME	MOHR, JAMES
7.3 STREET ADDRESS	681 MELANIE WAY
7.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701