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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 8000 LOGWOOD FL 32779-5044 US	Mailing Address 2180 W SR. 434 500 LONGWOOD FL 32779-5008 US
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3. Date Incorporated or Qualified 04/23/1974	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1740804	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALBERT, ARTHUR	
STREET ADDRESS	880 JONATHON WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FISHER, JANET	
STREET ADDRESS	885 CLAYDON WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHEALY, ROGER	
STREET ADDRESS	876 JONATHON WAY	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE FIELDER	
STREET ADDRESS	640 WOODLEY RD	
CITY-ST-ZIP	MATLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DAVID N	
STREET ADDRESS	893 JOHNATHAN WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARLENE KARTAK	
STREET ADDRESS	878 JOHNATHAN WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALBERT, ARTHUR	
1.3 STREET ADDRESS	880 JONATHON WAY	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALDRON, JAMES	
2.3 STREET ADDRESS	876 JONATHON WAY	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JONES, DAVID	
5.3 STREET ADDRESS	893 JONATHON WAY	
5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

ARLENE KARTAK (407) _____

CP2E037 (9/96)