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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

DOCUMENT # 729441 (6)
1. Corporation Name
RAMBLEWOOD CONDOMINIUM ASSOCIATION OF ALTAMONTE SPRINGS, INC.



Principal Place of Business Mailing Address
2180 WEST SR 434 SUITE 8000 LOGWOOD FL 32779-5044 US
2180 W SR. 434 500 LONGWOOD FL 32779-5008 US

3. Date incorporated or Qualified 04/23/1974
3a. Date of Last Report 05/01/1996

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

4. FEI Number 59-1740804 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 FL 85 Zip Code

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ALBERT, ARTHUR	1.1 TITLE D	ALBERT, ARTHUR
NAME	880 JONATHON WAY	1.2 NAME	880 JONATHON WAY
STREET ADDRESS	ALTAMONTE SPRINGS FL	1.3 STREET ADDRESS	ALTAMONTE SPRINGS FL 32701
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SD	FISHER, JANET	2.1 TITLE PD	WALDRON, JAMES
NAME	885 CLAYDON WAY	2.2 NAME	876 JONATHON WAY
STREET ADDRESS	ALTAMONTE SPRINGS FL	2.3 STREET ADDRESS	ALTAMONTE SPRINGS FL 32701
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	SHEALY, ROGER	3.1 TITLE	
NAME	876 JONATHON WAY	3.2 NAME	
STREET ADDRESS	ALTAMONTE SPGS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	LEE FIELDER	4.1 TITLE	
NAME	640 WOODLEY RD	4.2 NAME	
STREET ADDRESS	MATLAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	JONES, DAVID N	5.1 TITLE TD	JONES, DAVID
NAME	893 JOHNATHAN WAY	5.2 NAME	893 JONATHON WAY
STREET ADDRESS	ALTAMONTE SPRINGS FL 32701	5.3 STREET ADDRESS	ALTAMONTE SPRINGS FL 32701
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VD	ARLENE KARTAK	6.1 TITLE	
NAME	878 JOHNATHAN WAY	6.2 NAME	
STREET ADDRESS	ALTAMONTE SPRINGS FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 (402)

CP2E037 (9/96)