FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

729441

(6)

RAMBLEWOOD CONDOMINIUM ASSOCIATION OF ALTAMONTE SPRINGS. INC.

SPRINGS, INC.																	
Principal Place of Business Malling Add						Illing Address	966					r nadini regua kana 1840 angh anaka 1407 ahati Ahis	ł WINDI WI	JII D 10	II BIBIT PBBF		
2180 WEST SR 434 2180 W SR. 434							·	3. Date incorpor			3.	Date Incorporated or Qualified	ated or Qualified				
SUITE 5000 569-50/THE 5700 LONGWOOD FL 32779-5044								D			04/23/1974						
1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						US						4,	FEI Number		Apı	olied For	
													59-1740804		Not	Applicable	
2. Pi	2. Principal Place of Business					2a. Mailing Address 26						5.	Certificate of Status Desired			dditional quired	
Suite, Apt. #, etc.						Suite, Apt. #, etc.						6.	Election Campaign Financing	\$5.0	00 N	ay Be	
22						27 5000							Trust Fund Contribution	Add	ed to	Fees	
	City & State					City & State						7. Is this nonprofit corporation a homeowners association?					
23						28				201 mba		X Yes □ No					
_	ıф	├- ┐ -			<u> </u>	¬ ' —			Country		6. This corporation owes or has paid the current year Intangible						
24						29 30 30							Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent										31	Name	10.	. Teather and Addition of their registered P	you			
JAMES W. HART JR								L	12		o /E	P.O. Box Number is Not Acceptable)					
SENTRY MANAGEMENT IN							L										
2180 W SR. 434, SUITE 5000								83									
LONGWOOD FL 32779								lä	14	City			85	Zip C	ode		
											•		<u> </u>		•		
11. [to the provis egistered ac	ions ient.	of Sections 617.05 or both, in the Ste	502 and ite of Fi	d 61 lorid:	7.1508, Florida Statut a. Such change was /	by 1	-named corporatio	ratio n's t	on submits this statement for the purpose of board of directors. I hereby accept the appo	changi sintmer	ng its It as c	registered egistered				
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 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.														og.o.o.o.o			
SIGNATURE Signature, hyped or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE																	
Signature, typed or printed name of registered agent and little if applicable (NOTE: Register 12. OFFICERS AND DIRECTORS 13.										-gen	it ingnature required		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	IN 12	
TITLE	D								1.1 TITLE				Char		Addition		
NAME	ALBERT, ARTHUR								1.2 NAME				_	•			
STREE	EET ADDRESS 880 JONATHON WAY				1.3			1.3 STREET ADDRESS									
спу-	-ST-ZIP ALTAMONTE SPRINGS FL					1.4			1.4 CITY-ST-ZIP								
TITLE		SD					DELETE 2.1			2.1 TITLE				Cha	nge	Addition	
NAME		FISHER, JANET				2.2			2.2 NAME								
STREE	ET ADDRESS 885 CLAYDON WAY				2.3 \$			2.3 STREET ADDRESS									
CITY-	Y-ST-ZIP ALTAMONTE SPRINGS FL									2. 4 CITY-ST-ZIP							
TITLE		PD					☐ DELETE	3	3.1 TITLE	E				Chai	nge	☐ Addition	
NAME	WALDRON, JAMES					3.21			3.2 NAME								
STREET	EET ADDRESS 876 JONATHON WAY				3.3 \$			3.3 STREET ADDRESS									
	Y-ST-ZIP ALTAMONTE SPGS FL									3.4. CITY-ST-ZIP							
TITLE	'Y' .								4.1 TITUE				Chai	nge	Addition		
NAME	001120101110									1. 2 NAME							
STREET ADDRESS 893 JONATHON WAY										1.3 STREET ADDRESS							
	CITY-ST-ZIP ALTAMONTE SPRINGS FL								I.4 CITY-ST-ZIP					T 24		1 gains	
TITLE		VD ADI ENE		DTAV			☐ DELETE	- 6	5.1 TITU					Chai	nge	Addition	
NAME	TADODECC	ARLENE		HIAK Tuan way					5.2 NAM	_	i popece						

14. I 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 char@d, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CICNATURE.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CANET FISHI

DELETE

3/10/98 407-331-7231

FILED

Mar 26 1998 8:00am

Secretary of State

HZE037 (10/97)

Addition