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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729441

1. Corporation Name

**RAMBLEWOOD CONDOMINIUM ASSOCIATION OF ALTAMONTE
SPRINGS, INC.**

Principal Place of Business

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US

Mailing Address

2180 W SR. 434
SUITE 5000
LONGWOOD FL 32779-5044
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

04/23/1974

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

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

TITLE **D** ☐ DELETE

NAME **ALBERT, ARTHUR**
STREET ADDRESS **880 JONATHON WAY**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **SD** ☒ DELETE

NAME **FISHER, JANET**
STREET ADDRESS **885 CLAYDON WAY**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **PD** ☒ DELETE

NAME **WALDRON, JAMES**
STREET ADDRESS **876 JONATHON WAY**
CITY-ST-ZIP **ALTAMONTE SPGS FL**

TITLE **TD** ☐ DELETE

NAME **JONES, DAVID N**
STREET ADDRESS **893 JONATHON WAY**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VD** ☒ DELETE

NAME **ARLENE KARTAK**
STREET ADDRESS **878 JOHNATHAN WAY**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **32701**

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME **HALL, NORMA**

2.3 STREET ADDRESS **897 CLAYDON WAY**
2.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME **FENN, FRED**

3.3 STREET ADDRESS **894 CLATDON WAY**
3.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, GL 32701**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP **32701**

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME **PORTMAN, GRACE**

5.3 STREET ADDRESS **687 MELANIE LN**
5.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED FOR FEM 2-22-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)