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Secretary of State

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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

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/23/1974

22 City & State

27 City & State

4. FEI Number
 59-1740804

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32701	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	32701	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> 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 FROM** 2-22-99

CR2E037 (11/98)