

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90069 007 \*\*\*\*61.25

**DOCUMENT # 729441**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1740804**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES W. HART, JR.**

**SENTRY MANAGEMENT IN  
 2180 W SR. 434, SUITE 5000  
 LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |  |
|----------------|--|--|
| TITLE NAME     | <b>D</b>   | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>ALBERT, ARTHUR JIM</b>                              |  |
| CITY-ST-ZIP    | <b>880 JONATHON WAY<br/>ALTAMONTE SPRINGS FL 32701</b> |  |
| TITLE NAME     | <b>SD</b>  | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>HALL, NORMA</b>                                     |  |
| CITY-ST-ZIP    | <b>897 CLAYDON WAY<br/>ALTAMONTE SPRINGS FL 32701</b>  |  |
| TITLE NAME     | <b>PD</b>  | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | <b>REECE, STEVE</b>                                    |  |
| CITY-ST-ZIP    | <b>691 MELANIE LN<br/>ALTAMONTE SPGS FL 32701</b>      |  |
| TITLE NAME     | <b>TD</b>  | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>JONES, DAVID N</b>                                  |  |
| CITY-ST-ZIP    | <b>893 JONATHON WAY<br/>ALTAMONTE SPRINGS FL 32701</b> |  |
| TITLE NAME     | <b>VD</b>  | <input type="checkbox"/> Delete            |
| STREET ADDRESS | <b>PORTMAN, GRACE</b>                                  |  |
| CITY-ST-ZIP    | <b>898 CLAYDON WAY<br/>ALTAMONTE SPRINGS FL 32701</b>  |  |
| TITLE NAME     |  | <input type="checkbox"/> Delete            |

|                |   |  |
|----------------|---|--|
| TITLE NAME     | <b>PD</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>KINLAW, CLINTON</b>                                  |  |
| CITY-ST-ZIP    | <b>889 JONATHAN WAY<br/>ALTAMONTE SPRINGS, FL 32701</b> |  |
| TITLE NAME     | <b>VD</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>ARMOUR, KATHY</b>                                    |  |
| CITY-ST-ZIP    | <b>682 MELANIE LN<br/>ALTAMONTE SPRINGS, FL 32701</b>   |  |
| TITLE NAME     | <b>SD</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>GILBREATH, JOHN</b>                                  |  |
| CITY-ST-ZIP    | <b>887 CLAYDON WAY<br/>ALTAMONTE, SPRINGS, FL 32701</b> |  |
| TITLE NAME     | <b>D</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>HUFFMAN, JOE</b>                                     |  |
| CITY-ST-ZIP    | <b>895 CLAYDON WAY<br/>ALTAMONTE SPRINGS, FL 32701</b>  |  |
| TITLE NAME     | <b>D</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE NAME     | <b>D</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>STEFANO, LEN</b>                                     |  |
| CITY-ST-ZIP    | <b>899 JONATHAN WAY<br/>ALTAMONTE SPRINGS, FL 32701</b> |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Clinton Kinlaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-339  
 3937

CR2E037 (9/01)