
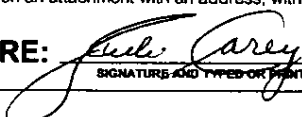


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90151 034 \*\*\*\*61.25

<b>DOCUMENT # 729441</b>			
1. Entity Name <b>RAMBLEWOOD CONDOMINIUM ASSOCIATION OF ALTAMONTE SPRINGS, INC.</b>			
Principal Place of Business <b>899 JOHNATHAN WAY          ALTAMONTE SPRINGS, FL 32701 US</b>		Mailing Address <b>200 N DENNING DRIVE #2          WINTER PARK, FL 32789</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1122 Ayrshire ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Orlando FL</b>	
Zip	Country	Zip	Country
<b>32803</b>	<b>USA</b>	<b>32803</b>	<b>USA</b>
4. FEI Number <b>59-1740804</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>J. CAREY PROPERTIES, INC.          200 N. DENNING DRIVE #2          WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name: <b>J. CAREY PROPERTIES, INC</b> Street Address (P.O. Box Number is Not Acceptable): <b>1122 Ayrshire Street</b> City: <b>Orlando</b> FL Zip Code: <b>32803</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEFANO, LEN <input type="checkbox"/> Delete 899 JOHNATHAN WAY ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAGLEY, TERRI <input type="checkbox"/> Delete 885 CLAYDON WAY ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, TRICIA <input type="checkbox"/> Delete 893 CLAYTON WAY ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, PARKE <input checked="" type="checkbox"/> Delete 895 JOHNATHAN WAY ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD          ELLIS, ALFREDA          875 CLAYDON LANE          ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARRUN, CHRISTINE <input type="checkbox"/> Delete 679 MELANIE LANE ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MCCARRON, CHRISTINE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <b>JUDI CAREY</b>		Date: <b>4/20/08</b> Daytime Phone #: <b>407-898-1672</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	