

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729441

FILED
Feb 03, 2009
Secretary of State

Entity Name: RAMBLEWOOD CONDOMINIUM ASSOCIATION OF ALTAMONTE SPRINGS, INC.

Current Principal Place of Business:

899 JOHNATHAN WAY
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

1122 AYRSHIRE ST
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-1740804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J. CAREY PROPERTIES, INC.
1122 AYRSHIRE ST
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEFANO, LEN
Address: 899 JOHNATHAN WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Delete
Name: BAGLEY, TERRI
Address: 885 CLAYDON WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: MILLER, TRICIA
Address: 893 CLAYTON WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD () Delete
Name: MCCARRON, CHRISTINE
Address: 679 MELANIE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: ELLIS, ALFREDA
Address: 875 CLAYDON LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: STEFANO, LEN
Address: 899 JOHNATHAN WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change () Addition
Name: GILBREATH, JOHN
Address: 887 CLAYDON WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDI CAREY

Electronic Signature of Signing Officer or Director

LCAM

02/03/2009

Date