

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729441

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**4394369059CC**

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

**Current Principal Place of Business:**

235 N. HUNT CLUB BLVD.  
SUITE 101  
LONGWOOD, FL 32779

**Current Mailing Address:**

PO BOX 915103  
LONGWOOD, FL 32791 US

**FEI Number: 59-1740804**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ONE SOURCE MANAGEMENT SOLUTIONS, INC.  
235 N. HUNT CLUB BLVD.  
SUITE 101  
LONGWOOD, FL 32779 US

*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: BRENDA ROZANC**

**02/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MIROWSKI, SUSAN  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title PRESIDENT  
Name GLASS, DAVID  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title TREASURER  
Name RAMOS, ANNA  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title VP  
Name SMITH, PATRICIA  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

Title SECRETARY  
Name SOLOMON, ANNE  
Address PO BOX 915103  
City-State-Zip: LONGWOOD FL 32791

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA SMITH**

**VP**

**02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date