


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 729441 1. Entity Name RAMBLEWOOD CONDOMINIUM ASSOCIATION OF ALTAMONTE SPRINGS, INC.					
Principal Place of Business 899 JOHNATHAN WAY ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 200 N DENNING DRIVE #2 WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1122 Ayrshire ST Suite, Apt. #, etc.			
City & State 		City & State Orlando FL		4. FEI Number 59-1740804	
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent J. CAREY PROPERTIES, INC. 200 N. DENNING DRIVE #2 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name J. CAREY PROPERTIES, INC Street Address (P.O. Box Number is Not Acceptable) 1122 Ayrshire Street City Orlando FL Zip Code 32803	
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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEFANO, LEN 899 JOHNATHAN WAY ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		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 885 CLAYDON WAY ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		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 893 CLAYTON WAY ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		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 895 JOHNATHAN WAY ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIS, ALFREDA 875 CLAYDON LANE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARRUN, CHRISTINE 679 MELANIE LANE ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCARRON, CHRISTINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Judi Carey</i> JUDI CAREY 4/25/08 407-898-1672 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					