

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90162 009 \*\*\*\*61.25

<b>DOCUMENT # 733619</b> 1. Entity Name <b>THE RAMBLEWOOD CLUB, INC.</b>					
Principal Place of Business <b>P. O. BOX 9564 CORAL SPRINGS, FL 33075-9564 US</b>			Mailing Address <b>P. O. BOX 9564 CORAL SPRINGS, FL 33075-9564 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01262006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-1890603</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>ROBERT KAYE &amp; ASSOC., P.A. 6261 NW 6TH WAY FT. LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D ERNEST OSPINA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUES, DON		NAME		
STREET ADDRESS	1790 RIVERWOOD LN D		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D ANNE MITCHELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIANCO, FRANK		NAME		
STREET ADDRESS	1631 RIVERWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, JOHN		NAME		
STREET ADDRESS	1541 RIVERWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	COARL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGES, ALISON		NAME		
STREET ADDRESS	1641 RIVERWOOD LN SD		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33071		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGEFELD, INGRID		NAME		
STREET ADDRESS	1881 RIVERWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADEA, JEANETTE		NAME		
STREET ADDRESS	1511 RIVERWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Ingrid Laugefeld</i> <b>INGRID LANGEFELD</b> <b>3/6/06</b> <b>954 755-9108</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					